

THE
AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

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THE AMERICAN PRACTITIONER.

DECEMBER, 1875.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

FOUR CASES OF FISTULA IN ANO.

BY R. F. LOGAN, M. D.

CASE I.—This was in the person of a gentleman aged about forty-five years. The internal opening was just within the folds of the mucous membrane of the anus, yet external to the sphincter. The case might indeed be called a blind fissure, since the sinus extended from the internal opening just beneath the mucous membrane and the skin, on the right side, outward an inch more or less, and did not penetrate the external sphincter. Keeping in mind the principles which govern the treatment of fistula, it was very certain that the ordinary operation of laying open this sinus by the knife would have proved a failure. This procedure would in fact have converted a fistula into a fissure. The treatment adopted therefore was first to lay open the sinus, and then forcibly dilate the sphincter muscle, or, in other words, to convert the fistula into a fissure, and then treat the fissure. The patient was by these means cured in about two weeks of a troublesome

disease, which had given him great annoyance and some pain for several months.

CASE II.—This occurred in a middle-aged man. It presented the usual symptoms, and was treated by the ordinary method of dividing the sphincter, which resulted in a perfect cure within a few weeks. This case, to which I was called in consultation by Dr. Yenowine, of Mt. Eden, Spencer County, was the most typical one of *fistula*, as described in books, which I have to report, and as it presented no peculiarities I shall not dwell upon it.

CASE III.—This was in the person of a lady, about thirty years of age, who had given birth to a child about three months before I saw her. She was attended in her confinement and subsequently by Drs. Bishop and Ryon, of Simpsonville, who discovered a few weeks after convalescence from labor a painful abscess in the vicinity of the rectum (left side), which these gentlemen promptly lanced, to the great relief of the patient. Soon afterward this abscess, as usual, terminated in a complete fistula. At the request of Drs. Bishop and Ryon, I was called to see the case. It was upon consultation decided to lay open the fistula, which was done at once. Upon further examination we traced with a probe a sinus extending up by the side of the rectum at least three inches, another extending outward toward the tuberosity of the ischium. This last sinus was slit up at the same time. Close examination at the time revealed no other tracts; but at a subsequent visit, about a week afterward, a long sinus (at least four or five inches) was discovered, running from the external end of the incision, about three inches from the anus, downward and backward toward the coccyx. We had in fact opened a cavity which had burrowed in four different directions; toward the rectum, and opening into it about half an inch above the anus; upward by the side of the rectum; outward toward the ischium; and downward in the direction of the coccyx.

Upon consultation it was decided not to divide the tissues of the last and deepest sinus, but to trust to the operation already performed, using a probe occasionally to stimulate the walls of the sinus, or to use a probe coated with fused crystals of nitrate of silver, if necessary, or the injection of tinct. of iodine. Under this treatment the fistula gradually but slowly healed, until there remained only a fissure about an inch long. At this point the healing process stopped; weak granulations sprung up from the bottom of the wound, which became painful and irritable; in fact the case had degenerated into one of *fissure of the anus*. Forcible dilatation was now performed, the patient being under chloroform; and at a subsequent visit, in about ten days, we were gratified to find that the patient had entirely recovered from the rectal affection.

Thus had healed in the course of about three months the worst case of anal fistula that I ever encountered. It will be observed that we had here to treat first an abscess, then a fistula, and finally a fissure; and that the treatment of the case was determined from time to time by the condition of the parts, and, I will add, by the general condition of the patient. One of the most discouraging features of this case was a most obstinate constipation and a general torpidity of the digestive organs. This was relieved by an occasional dose of pills containing calomel, colocynth, and podophyllin, and by the daily use of a saline mixture containing the sulphates of soda and magnesia, carbonate of magnesia, and sulphur.

At our last visit to this lady we were puzzled to hear her complain of the same unpleasant sensations which she experienced before, the fistula was cured. A uterine examination at once explained these discomforts, and revealed a case of chronic endometritis, involving both the cavities of the neck and body of the womb. Treatment for this complication was at once commenced, and has been pursued with

the most gratifying results for about six weeks. The case is still under treatment.

CASE IV.—I was called to see this case in consultation with Dr. Yenowine, of Mt. Eden. It was in a lady, about thirty years of age, who six or seven years previously had suffered from pelvic cellulitis and abscess following a very protracted and painful labor. The abscess opened in the left groin, and is still discharging pus. The external opening of the fistula in this case was about an inch below the anus, near the extremity of the coccyx. The internal opening was somewhere between the two sphincter muscles, but I was never able to find it. A uterine examination showed a very grave case of chronic cervical metritis. The question then was, shall we postpone the treatment of the fistula until the uterine disease is cured, as some advise, or shall we treat the fistula first and the uterine disease afterward? We decided to operate for the fistula at once, which was promptly done, and in a few weeks this affection was entirely cured. The uterine disease, still under treatment by Dr. Yenowine, is progressing favorably.

In regard to these cases of fistula I wish to remark that they all occurred in young or middle-aged persons; that in neither of them was there any predisposition to or symptom of pulmonary disease or of tuberculosis in any part of the body; and, so far as I know, there was no such tendency in the family of either of these patients. On the contrary, they were all persons of at least the usual degree of health and vigor. The two cases which occurred in women were complicated with uterine disease; in both the fistula was treated first, and in neither of them did the uterine disease appear to retard the healing process after the operation. I believe that the cure of the fistula added greatly to the efficiency of the means used in the treatment of the uterine affection; for I will observe that the one which I attended (Case III) has progressed more rapidly toward recovery than the majority

of such cases that I meet with. It is advised by some, I know, to cure the womb-disease first, and perhaps this course may be preferable in many cases; but there are cases in the management of which this rule may be advantageously reversed. The two cases herein reported show that sometimes fistula will heal after an operation, even when severe uterine disease exists, and that the cure of the fistula constitutes a preliminary and perhaps an important step in the cure of the more obstinate malady.

In Case IV I could not find the internal opening, though evidently one existed. After searching diligently without success for some time, I perforated the wall of the bowel and slit up the tissues into it in the ordinary manner. I have done this before with equally good results; and though doubtless it is better to find the internal opening, and slit open the parts to that point, yet where it can not be found the expedient adopted in this case may be practiced with a confident hope of success.

In conclusion I wish to draw attention to the supplementary treatment, by forcible dilatation, practiced in Case III after the wound had degenerated into the condition of an irritable ulcer, and to add my testimony to the efficacy of this simple operation in cases of *fissure* of the anus.

SHELBYVILLE, KY.

PLEASANT AND ACTIVE PREPARATIONS OF SENNA.

BY C. LEWIS DIEHL,

Professor of Pharmacy in the Louisville College of Pharmacy.

Senna, although one of the oldest and most reliable purgative remedies, seems gradually to grow into disfavor, and is now but seldom prescribed in regular practice. This is partly owing to its pronounced and, to some persons, nauseous taste,

but principally to its tendency to produce severe griping. To overcome this latter objection it has been usual to combine the senna with aromatics and some saline aperient—such as Epsom or Rochelle salts, cream of tartar, etc.—with but partly satisfactory results, however. Besides, the nauseous taste of the medicine is an objectionable feature, and can not be very readily overcome by these expedients. Yet the means to overcome these objections very completely have been known for many years, and have been applied—somewhat grudgingly, it is true—in some of the European pharmacopœias and by individuals here and there in the United States. This consists in exhausting senna-leaves, free from foreign admixture, with stronger alcohol, thereby removing their odorous and resinous components, while their active constituent, cathartic acid, being insoluble in alcohol, remains undissolved. The leaves so treated may then be dried, and used either in substance or in any of the usual forms of preparation; such, possessing the purgative qualities of the drug unimpaired, are nearly without odor or taste, and are utterly devoid of griping qualities. It is quite possible that this method has not been more generally applied because of apprehension that some of the activity of the drug would be thereby sacrificed. Prof. R. Buchheim's investigations, made in 1873, seem, however, to have settled this question very completely, his results being emphatically those above stated.

With a view to establishing this to my own satisfaction, I suggested to my assistant, Mr. A. I. Schoettlin, then a student of the Louisville College of Pharmacy, that he select "senna" as the subject for his thesis, and his results were in complete accord with those of Prof. Buchheim. Mr. Schoettlin found that an extract of Tinnevely senna, made with stronger alcohol, possessed the odor and taste of the drug in a marked degree, but when taken in doses corresponding to four or five times the usual dose of the leaves it was entirely without laxative action; producing, however, considerable uneasiness

in the stomach, and even griping. The aqueous extract of the leaves, which had been previously exhausted with stronger alcohol, to the contrary, possessed promptly and fully the activity of corresponding quantities of the ordinary leaves, was nearly odorless and tasteless, and did not produce the least griping. It should be observed, however, that this applies only to senna-leaves free from foreign admixture, such as the Tinnevelly or the better varieties of India senna; and that Alexandria senna, which is usually preferred with us, is not suitable for this purpose, since this variety contains a considerable admixture of "argle-leaves."

On the basis of Mr. Schoettlin's results I have prepared a fluid extract which, diluted with simple elixir to the strength of syrup of senna (Pharm. 1850), has met with decided favor with some of our physicians. The following is the process I have adopted for the preparation of this fluid extract, which, for the sake of distinction, I will name *deodorized fluid extract of senna*: Take of Tinnevelly senna sixteen troy ounces; stronger alcohol, glycerin, and water, of each a sufficiency; macerate the leaves in four pints of stronger alcohol for two days, and express; add to the expressed leaves two pints more of stronger alcohol, and again express; then dry and reduce them to a fine powder. According to the general directions for preparing the officinal fluid extracts, percolate this powder first with a mixture of six fluid ounces of stronger alcohol, two fluid ounces of glycerin, and eight fluid ounces of water, then with a sufficiency of six measures of stronger alcohol and ten measures of water, till thirty-two fluid ounces of percolate are obtained. Of this the first twelve fluid ounces are set aside, the remainder of the percolate is evaporated to three fluid ounces, and, together with one fluid ounce of stronger alcohol, added to the reserved portion; after standing several days decant the clear liquid, or filter. The result is a dark-brown, clear, thin syrupy fluid extract, which possesses very little odor or taste, and in these scarcely reminds of

senna. When it is mixed with three times its volume of the simple elixir adopted by the Louisville College of Pharmacy a very pleasant elixir is formed, which corresponds in its strength to the syrup of senna formerly official in the United States Pharmacopœia, and has proved an active and efficient preparation.

It has been suggested to combine with this preparation a small quantity of taraxacum, and I have therefore for some time dispensed a *compound elixir of senna* (or compound laxative elixir), for which the following is the formula: Take of deodorized fluid extract of senna, four fluid ounces; fluid extract of taraxacum, one fluid ounce; comp. tinct. of cardamom, half a fluid ounce; simple elixir, sufficient to make a pint. The result is a very pleasant combination of the senna and taraxacum, which probably possesses some advantages over the simple elixir of senna.

In conclusion I would remark that in the above I have aimed to re-establish in popular favor an old and well-tried remedial agent; to draw the attention of medical men to the possibility of removing the most serious drawback to its application.

LOUISVILLE.

ON THE FEBRIFUGE VALUE OF THE SULPHATE OF CINCHONIDIA.*

BY LUNSFORD P. YANDELL, JR., M. D.,

Professor of Materia Medica and Clinical Medicine in the University of Louisville.

During the past ten years, at the University Dispensary, I have made many experiments with reputed antiperiodics; and though I have heretofore recorded in the American Practitioner the results of some of these investigations, I believe the value and interest of this paper will be enhanced by a

* Read before the Louisville Academy of Medicine, November 12, 1875.

brief reference to my experience with the more prominent of these agents.

Sulphate of cinchonia I esteem next to sulphate of quinia in antiperiodic power. This substance was first extensively used in Louisville by Dr. D. W. Yandell, at the Stokes Dispensary, in 1856, since which time I have been familiar with the alkaloid.

At the University Dispensary sulphate of cinchonia is used to the exclusion of all other antiperiodics, except when we employ them in the way of experiment. From the effects of this medicine on myself, and from extended experience with it in charity practice, I draw the following conclusions: sulphate of cinchonia is less bitter than sulphate of quinia, and produces less ringing in the ears; it is less powerful than sulphate of quinia, and hence is required in larger doses; it is more apt to derange the digestive apparatus; it often produces a sense of fullness about the head, together with excessive dryness of the mouth and fauces, and drowsiness and double vision are not infrequent. Its crowning superiority over other derivatives of cinchona-bark is its inexpensiveness. It costs but thirty-five cents, and sometimes less, per ounce; whereas sulphate of quinia costs two dollars and a half, cincho-quinine and quinidia about two dollars, and sulphate of cinchonidia ninety cents to a dollar an ounce. Cincho-quinine and quinidia have no advantage over sulphate of cinchonia in any respect, and the same is true of chinoidine.

Salicine in forty- or fifty-grain doses has antiperiodic properties, but is unreliable. From sulphate of strychnia I never got good results to any extent; besides, its supreme bitterness and disagreeable effect on the nervous system render it very objectionable. The iodides and bromides, and likewise carbolic acid and the sulphites, have proved totally inefficacious in my hands. Arsenic is too well established as an antiperiodic to require comment. Salicylic acid I have never had sufficient faith in to try. Sulphate of iron

and alum—three grains of the former and four of the latter combined, and this dose administered thrice daily for a week or more—has given me most excellent results, especially in chronic and obstinate intermittents.

Scores of other remedies for malarial maladies might be enumerated, but none of them are sufficiently efficacious to justify any mention of them here.

SULPHATE OF CINCHONIDIA.

Something more than a month ago an agent of Powers & Weightman placed in my hands for the University Dispensary ten ounces of this article, with the request that, if agreeable, I would report in the *American Practitioner* the results obtained. At the same time twenty-five ounces were furnished to the City Hospital. In the male medical ward of this institution and at the University Dispensary my investigations were conducted. At the Dispensary something more than fifty cases of malarious disease were treated with the remedy under consideration, and a like number were treated at the hospital. The majority of these cases were examples of frank intermittent fever, while others assumed the shape of dumb chills, neuralgias, intestinal diseases, dermatoses, coughs, etc. Besides hospital and dispensary patients, more than a score of medical students took sulphate of cinchonidia at my request or suggestion; and being already personally familiar with cinchonism from sulphate of quinia and sulphate of cinchonia, I experimented on myself with the medicine.

Without occupying the time of the reader with a tabulated statement, I shall proceed to present the conclusions at which I have arrived.

Sulphate of cinchonidia is less bitter than sulphate of quinine, but more bitter than sulphate of cinchonia, and produces as much noise in the head as sulphate of quinine. Headache, sense of heat and fullness about the head, disturbance of stomach, and dryness of mouth and throat are

as frequent and decided from it as from sulphate of cinchonia. As a tonic it is not superior to the other alkaloids, nor are relapses less common under its use than when other products of the bark are given. It is indubitably an antidote to malarial poison, but in febrifuge virtue it is less than half as potent as sulphate of quinine, and a third less efficacious than sulphate of cinchonia. Where fifteen to twenty grains of sulphate of quinine are required, twenty or twenty-five grains of sulphate of cinchonia are necessary, and their equivalent in sulphate of cinchonidia is thirty to forty grains.

The doses here indicated I consider the proper ones in the average malarial disorders of this region, whether it be well-marked intermittent fever or one of the masked forms of the disease.

In my own person sulphate of cinchonidia in twenty- to thirty-grain doses gave rise to tinnitus aurium, dryness of buccal and nasal mucous membrane, sense of fullness of the head, anorexia, and general discomfort. By most of the students who experimented with it its effects were not complained of. Several, however, expressed themselves as being made drunk by it, having giddiness, faintness, and a feeling of cerebral congestion. In some cases diarrhea, and in others vomiting, while still in others headache, were attributed to the sulphate of cinchonidia.

To recapitulate: sulphate of cinchonidia is a reliable anti-febrile in sufficiently large doses, but has no advantage over sulphate of quinia except in price. It has all the drawbacks attaching to sulphate of cinchonia, and no superiority in any respect over it, while it is nearly thrice its price.

In collecting these observations on the relative value of cinchonidia I have been materially aided by my clinical assistants at the University, as also by Dr. Oppenheim, resident graduate in the City Hospital, to whom I wish to acknowledge my obligations.

LOUISVILLE.

HALF AN HOUR WITH SMELLIE.

BY THEOPHILUS PARVIN, M. D.

A hundred and thirteen years ago this famous obstetrician was buried in his native Scotland. Like many another Scotchman, he had, after acquiring knowledge and experience in the pursuit of his profession at home, gone to London in search of a larger field and greater honor. The same century brought to London another Scotchman, who also made his name illustrious in obstetric study—William Hunter. Hunter's *Plates of the Gravid Uterus* constitute an enduring monument of indefatigable toil, of original discovery, and of faithful study. They have never been, they can never be superseded. And Smellie as a practical obstetrician, and in all that relates to the mechanism of parturition and instrumental labor, equally excelled his contemporaries. During ten years Smellie gave upward of two hundred and fifty courses in midwifery for the instruction of more than nine hundred male students; and in that series of courses eleven hundred and fifty poor women were delivered, who were supported during their lying-in by contributions from these students. For half a century his work on obstetrics was the principal text-book in the English language, and his name is indissolubly connected with the science and art in the teaching of which he was so successful.

The Sydenham Society is soon to publish an edition of his works, edited by Dr. Barnes; but before the appearance of that volume, with its red-edged leaves, cloth binding, gilt-letter glory, and other modern adornments, we want to spend a few minutes with an old volume issued in London in 1752, "printed for D. Wilson and T. Durham, at Plato's Head, in the Strand." The leaves are time-stained, a yellowish brown; the leather binding has darkened to a dull mahogany hue; the whole book has a venerable aspect, and when we read

its pages we can almost imagine its author once more alive, and that he is speaking directly to us, the style so simple, direct, and conversational.

After the introduction, which is chiefly historical, Smellie gives a description of the pelvis and of the child's head, and lays the foundation for the first clear exposition of the mechanism of parturition.

His explanation of menstruation rests upon the plethora theory, which even to this day is not without advocates. "The *Catamenia* are no more than a periodical discharge of that super-plus of blood which is collected through the month," etc.

In his description of what he believes the probable mode of conception he states that "one of the *animalcula* that swim about in the male semen like so many tad-poles, insinuates itself into the Ovum and is joined with its belly to the ruptured part of it, from which the navel-string is produced." He wisely concludes his chapter upon *Conception* by saying that some of the opinions concerning that process are "jocular rather than instructive." Jocular rather than instructive! Fitting words for many a medical theory that floats to the surface nowadays.

The following passage crisply controverts a notion dating from Hippocrates, and not yet quite extinct, for we have heard even physicians assert it, viz., the viability of a seven-months' child is greater than of an eight-months': "Hippocrates alleges, that a child born in the seventh month sometimes lives; whereas if it come in the eighth it will probably die, because all healthy children (says he) make an effort to be delivered in the seventh month, and if they are not then born, the *Nisus* is repeated in the eighth, when the child must be weakened by its former unsuccessful attempt, and therefore not likely to live; whereas, should the second effort be deferred till the ninth, the *Fœtus* will, by that time, be sufficiently recovered from the fatigue it had undergone in the

seventh. Experience, however, contradicts this assertion; for, the older the child is, we find it always, (*ceteris paribus*), the stronger, consequently the more hardy and easily nursed: neither is there any sufficient reason for adhering to the opinion of *Pythagoras* on this subject, who declares that number eight is not so fortunate as seven or nine."

It is strange that an error so clearly exposed by Smellie in 1752 should be upheld by an American teacher of obstetrics in 1821. The late Dr. John W. Francis, of New York, in his preface to the American edition of Denman's *Midwifery*, observes "the singular circumstance that a child of seven-months' gestation has greater chance of living than one of eight was noticed by Hippocrates."

In his chapter upon the *Placenta* Smellie thinks it probable that the fetus is nourished by the absorption of nutritive fluid into the vessels of that organ and of the chorion, and does not uphold the view, which some many years subsequent to his time have, of a direct vascular communication between the mother and the fetus.

Speaking of the placenta, reminds us of a passage in which he points out its more easy delivery by traction when the implantation of the cord is marginal instead of central. How near he was in this observation to the discovery of the true mechanism of the delivery of the placenta, a discovery which was not made until more than a century after he wrote! Even now we half believe many a physician accepts the teaching of Baudalocque, that the placenta descends folded so as to present its fetal surface at the os uteri. But would it not be marvelous that nature, which so admirably adapts the fetus in regard of presentations and positions to the canal it must traverse, should not manifest equal wisdom in the extrusion of the placenta from the uterine cavity? However, let the physician who either accepts or rejects the long-accepted teaching of obstetricians interrogate nature, study in his obstetric practice her way; do as suggested by Matthews

Duncan, make a wound in the part of the placenta presenting at the os uteri. We have found it a very good plan to partly pinch out a piece with the thumb and finger, then examine the organ after its delivery and observe where the wound was made. "In this way it is easily discovered that the part of the placenta presenting at the os uteri, and subsequently at the os vaginæ, is not the fetal or amniotic surface, but the edge of the placenta, or a point very near the edge."

Leishman (*System of Midwifery*), in referring to *Placenta Prævia*, observes, "The idea entertained by the ancients, and which, with the exception of those of Portal and Gifford, was taught in all works on midwifery down to about 1766, when Rœderer's '*Elementa Artis Obstetriciæ*' was published, was that in these cases the placenta was originally attached at its usual site, and that it only fell down to the lower part of the uterus after it had been entirely separated." But he certainly had forgotten or negligently read Smellie when he made this statement, as the following passage shows: "The edge or middle of the Placenta sometimes adheres over the inside of the *Os Internum*, which frequently begins to open several weeks before the full time; and if this be the case, a flooding begins at the same time, and seldom ceases entirely until the woman is delivered," etc. This, from Smellie's *Midwifery*, antedates Rœderer's publication fourteen years.

Smellie's theory of the nausea and vomiting in the earlier months of pregnancy is that "perhaps" it depends upon the presence in the uterus of *Catamenia*, the whole quantity of which not being then needed for the nutrition of the *Embryo*, and the first among the remedies recommended is "bleeding more or less according to the Plethora and strength of the patient."

In the first chapter of the third book Smellie gives the position and attitude of the fetus in utero as accurately as any obstetrician would to-day. It was something, nay a great thing, to be accurate on these points at that day, when

so much false teaching had satisfied the medical world for centuries.

His description of the mechanism of labor in occipito-anterior positions essentially agrees, so far as it goes, with what would be taught to-day. "The *Uterus* contracts, the pains become quicker and stronger, the crown of the head is pushed down to the lower part of the *Pelvis*, against one of the *Ischia*, at its lower extremity; the forehead being at the upper part of the opposite *Ischium*, is forced into the hollow of the under part of the *Sacrum*, while the *Vertex* and hindhead is pressed below the *Os pubis*, from whence it rises in a quarter turn," etc.

A large portion of the work is devoted to instrumental delivery. In referring to the invention of the forceps he speaks of the instrument having been "kept as a *nostrum*" by the Chamberlains until the year 1733, when a description of it was published by Chapman. How this use of *nostrum* at first strikes one as incorrect! And incorrect we find it too according to our American lexicographer. But etymology is worth more than a dictionary's definition, and it tells us Smellie was right in the application of the word. Indeed we sometimes need at the present day just such use of *nostrum*.

Of Smellie's forceps, straight and curved, we have not time to speak, save to remark that the changes from the original instrument of Chamberlain were more important and valuable than any made in them from that day to this.

As illustrating the requisite secrecy with which forceps were then used, he directs that after the delivery of the child with them "wipe the blades singly under the cloaths, and slide them warily into your pockets," adding, "Though the forceps are covered with leather, and appear so simple and innocent, I have given directions for concealing them, that young practitioners, before their characters are fully established, may avoid the calumnies and misrepresentations of those people who are apt to prejudice the ignorant and weak-

minded against the use of any instrument, though never so necessary, in this profession; and who, taking the advantage of unforeseen accidents which may afterwards happen to the patient, charge the whole misfortune to the innocent operator."

His chapter upon the *Management of Women during the Month*, including directions for making white and brown caudle—the former consisting of gruel boiled with mace and cinnamon, and white wine and sugar added; the latter differing in that the wine is replaced by ale—is very interesting. One passage we must transcribe as indicating the great importance attached by Smellie to securing rest for the patient, even though some of the means advised, such as stuffing her ears with cotton, would hardly be insisted upon to-day. "As to the article of sleeping and watching, the patient must be kept as free from noise as possible, by covering the floors and stairs with carpets and cloths, oiling the hinges of the doors, silencing the bells, tying up the knockers, and in noisy streets strowing the pavement with straw; if notwithstanding these precautions she is disturbed, her ears must be stuffed with cotton, and opiates administered to procure sleep; because watching makes her restless, prevents perspiration, and promotes a fever."

One can not read these directions, so full and minute, without a smile; but after the smile comes the reflection that herein is revealed one secret of Smellie's great success—looking well to details, attention to the little things. And while we may not find it necessary to oil hinges or stuff a patient's ears with cotton, we will be wise if we learn to imitate his example in neglecting nothing, no matter how small or trivial, that will conduce to her comfort.

But we will not prolong this consultation with an old author, one who stands forth as the chief representative in the eighteenth century, if not a more illustrious name than any in preceding centuries, of the British school of obstetrics. Smellie was to obstetric science and art what in the

seventeenth century Sydenham was to medicine and Richard Wiseman to surgery. We are glad that his works are to be republished, and that the edition is to be issued under the editorial supervision of the ablest and most celebrated of living British obstetricians, Dr. Robert Barnes.

INDIANAPOLIS.

MANAGEMENT OF THE GOUTY TEMPERAMENT.*

BY ALFRED L. CARROLL, M. D.,

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The "gouty temperament" depends upon excessive formation or deficient elimination (or both) of lithic or uric acid, a substance resulting from the waste of albuminous tissues and the surplus albuminous matter taken as food. One of the most important functions of the liver seems to be to convert this waste or surplus into urea, a still more highly oxidized product than lithic acid, in which form it is excreted by the kidneys. Hence, says Dr. Murchison,† "when oxidation is imperfectly performed in the liver there is a production of insoluble lithic acid and lithates instead of urea, which is the soluble product resulting from the last stage of oxidation of nitrogenous matter."

This "lithæmic" condition does not always manifest itself by recognizable attacks of old-fashioned gout, but is often responsible for a long list of more or less obscure ailments, from "gravel," "gall-stones," various skin-eruptions—like eczema, nettlerash, boils, etc.—down to digestive disturbances—vertigo, irritability, or mental depression amounting sometimes to hypochondriasis, lumbago, various neuralgias, catarrhal susceptibility, irregular action of the heart, and a

* Read before the New York Medical Journal Association, November 19, 1875.

† Croonian Lectures on Functional Derangements of the Liver, 1874.

host of other disorders. The accumulation of fibrin in the blood, which is characteristic of rheumatism, may also arise from a retardation of the destruction of this substance by the liver.

Now to obviate this condition there are three indications to be fulfilled: 1. To limit the supply of nitrogenous matter so as to leave little surplus beyond the requirements of nutrition; 2. To promote oxidation; 3. To increase elimination.

The first of these objects is to be attained by diet; regulating both the quantity and quality of food, and refraining from substances which impede the destructive metamorphosis. To quote Murchison again, "Gradually the patient is taught by experience to become more careful as to what he eats and drinks. One thing after another he is forced to give up. First he renounces malt liquors; then he discovers that portwine, Madeira, Champagne, and Burgundy disagree, and he betakes himself for a time to 'dry sherry;' but at length this does not suit, and after an interval, during which a trial is made of claret or hock, the patient, probably under medical advice, finds temporary relief from the substitution for wines of brandy or whisky largely diluted with water. At last—unless he be misled by the fashionable but to my mind erroneous doctrine of the present day, that alcohol in one form or another is necessary for digestion or to enable a man to get through his mental or bodily work—he finds that he enjoys best health when he abstains altogether from wine and spirits, and drinks plain water. The patient goes through a like experience with regard to solid food. One dish after another, very often what he likes best, has to be given up, until at length—if he be well advised, and have the sense to follow the advice—he restricts himself to the plainest food in moderate quantity. As a rule, those articles of diet are most apt to disagree which contain much saccharine or oleaginous matter, and not, as might perhaps have been expected, nitrogenous food, if plainly cooked. In most of these cases the

digestion appears to be strongest in the morning, and the patient suffers from late dinners or suppers."

The foregoing remarks, though referring to an advanced condition of lithæmia, embody the principles to be applied to the prevention or amelioration of the earlier stages. Without actually prohibiting all the luxuries of the table, we should reduce to a minimum the amount of those which are likely to aggravate the trouble.

As regards quantity of solid food, a healthy, ordinarily active body demands daily about one-and-a-half per cent of its own weight;* and this ration in a typical diet should comprise about nine ounces of albuminates, six ounces of fatty matter, and twenty-five ounces of carbohydrates, as starch and sugar; or, roughly estimated, one part of animal to three of vegetable food. Where we have to deal with the lithæmic tendency the proportion of animal food may advantageously be somewhat further reduced, especially when the urine becomes turbid with lithates on cooling. At all events, an excess of albuminous food is always to be avoided; as, for that matter, is also an excess of carbonaceous material, particularly of starchy substances, which many gouty digestions find difficulty in managing. Indigestible and highly-seasoned dishes are of course to be shunned; fried articles, pastry, and in general all greasy or sugared cookery should be forbidden. Among fish salmon is the most objectionable one, from the quantity of oil which its flesh contains. Ripe fruits are harmless, if not beneficial.

Malt liquors and the stronger wines have the effect of retarding metamorphosis, and are therefore unadvisable.† If wine must be taken at dinner, the least injurious is claret or

*That is, about one per cent of "water-free" solids. In other words, a man weighing one hundred and fifty pounds requires about two and a quarter pounds of so-called solid food in every twenty-four hours.

†I have observed that where beer and wine produce rapid diuretic action, as they do in some persons, they seem to have least effect in aggravating the lithæmic tendency.

hock; better still, brandy or gin in small quantity and greatly diluted; best of all, simple water. No sweetened alcoholic drinks should be taken at any time. Coffee and tea in moderation do no harm, though I question if they do any good.

Our second object, to promote oxidation, is to be gained by regular exercise in the open air, and by no other means. The more exercise a lithæmic person can take, short of exhausting fatigue, the better for him. Walking, horseback-riding, outdoor sports of all kinds, are to be commended. Without exercise no alkaline dosing will supply the needed oxygen.

To favor elimination, the first place must be accorded to pure water, drunk beyond the demands of actual thirst. In many cases the simple procedure of taking a glass or two of water before breakfast and the same at bed-time will work wonders; but it is important that the water be really pure and not "hard." Filtered rain-water is about the nearest available approach to a typical tipple in this respect. When the urine is markedly acid or shows an excess of lithates, alkaline waters—such as lithia-water, Vichy, Carlsbad, etc.—are beneficial; but they should be taken at intervals, not habitually, and their use suspended when the urine becomes clear and loses its excessive acidity. I have lately tried—and, I think, with benefit—the biborate of soda (borax), in the proportion of twenty or thirty grains to the pint of water, of which two or three glasses may be drunk per diem. Borax is less apt to derange digestion than the alkaline carbonates, and is more effective than they in increasing the solubility of lithic acid, while it seems to be at least as efficient in augmenting the functional activity of the liver.

The action of the skin should be promoted by daily sponging, the use of the flesh-brush, etc.; and, when not otherwise contra-indicated, an occasional Turkish bath will be of service.

Medicinal agents may be required from time to time to

obviate costiveness, to stimulate a sluggish liver, or to neutralize over-acidity. The bowels must be kept in natural action, but purgation is to be avoided, as experiment has demonstrated that cathartics, as a rule, diminish the secretion of bile, and presumably therefore all other hepatic functions. As a gentle aperient, the *Rhamnus Frangula* has lately been highly vaunted, and a limited experience inclines me to believe it of value in cases of habitual constipation, though I suspect that it acts rather on the lower bowel than on the upper part of the small intestine which we wish to reach in the lithæmic subject. If used at all, it should be given in small enough quantities to produce only a natural evacuation. My own decided preference is for the resin of podophyllin, which in less than cathartic doses is indisputably cholagogue. If a tendency to constipation occur, especially if the *scæces* show a deficiency of biliary color, a pill containing not more than a quarter of a grain of podophyllin, taken at bed-time for several nights running, will usually suffice to produce healthy action.* If further aid be needed, a short course of Friedrichshall water, in wine-glassful doses before breakfast, may be serviceable, but it should ever be borne in mind that nothing does more mischief in such cases than the abuse of purgatives. Even where gouty symptoms call for colchicum the best results of this latter drug will be obtained by avoiding its cathartic action. If we have to deal with a *bon vivant*, who will not restrain his appetite, the time-honored

* This paper was written before I had seen the recent report of Rutherford and Vignal, whose "Experiments on the Biliary Secretion of the Dog" confirm my clinical confidence in podophyllin. But, taking a hint from the discovery by these gentlemen that the cholagogue action of the drug was increased by suspending it in bile prior to administration, I have since prescribed it in combination with ox-gall, *e. g.*:

| | | |
|---------------------------------|-----------|----|
| R. Resin podophyllin, | grs. ij; | |
| Fellis bovin. inspissat., . . . | grs. xvj. | |
| Saponis, | q. s. | M. |

Ft. mass in pil. viii divid. Thus combined the sixth of a grain may prove in some instances a sufficient dose.

"dinner-pill" may be of use to hurry the over-eaten food along before the absorbents have time to gorge themselves; and for this purpose I occasionally prescribe a pill consisting of a grain each of rhubarb and extract of aloes with a quarter or half a grain of extract of nux vomica, to be taken about half an hour after dinner. Whenever practicable, however, I would rather employ moral suasion than physic.

The dyspeptic symptoms which sometimes arise in these cases are to be met with such remedies as the circumstances may indicate. Alkalies are frequently of value in relieving heartburn, palpitation, and other gastric disturbances, and I have found much benefit from a formula recommended by Dr. Horace Dobell; viz., equal parts of bicarbonate of soda and powdered calumba with the same or half the quantity of powdered ginger, about twenty grains or a small salt-spoonful to be taken just before eating. In rarer cases, when flatulence is troublesome, dilute nitro-muriatic acid may do good; and, according to Murchison, there are instances in which "both acids and alkalies may be given advantageously, the alkalies before and the acids after a meal."

Chloride of ammonium in scruple doses thrice daily is highly commended by Murchison as increasing metamorphosis and elimination, and relieving hepatic congestion. It may be combined with either alkalies or acids. For a similar purpose, it will be remembered, Dr. Buckler suggested, some years ago, the treatment of gout with ammonium phosphate, a double decomposition being supposed to produce soluble lithate of ammonia and phosphate of soda.

With the treatment of gout, however, or of other acute manifestations of the lithæmic constitution, I have no present concern; my object has been solely to present a few practical suggestions for the management of the condition which may or may not lead to such acute outbreaks, but which is sure, if uncontrolled, to subject its victims to much annoyance.

NEW YORK.

FETAL PHYSICAL DIAGNOSIS—ANALYSIS OF A SECOND
SERIES OF ONE HUNDRED AND SIX CASES.*

BY FRANK C. WILSON, M. D.,

Professor of Physiology and Clinical Medicine in the Hospital College of Medicine.

It has been now two years since I published a paper in the *American Practitioner* upon the subject of fetal physical diagnosis, based upon the analysis of one hundred and twenty-six cases in hospital and private practice. Since that time I have examined nearly two hundred cases, but of many the notes have been so imperfectly preserved as to be unavailable. I have, however, accurate notes of one hundred and six additional cases, an analysis of which I will present to-night, that I may thus show more forcibly the exceeding great importance of this method of diagnosis as better fitting us for our duties as obstetricians. Many children, and mothers too, have been sacrificed for the want of a little knowledge which this simple examination would have afforded before delivery. The more I have practiced it the more have I become convinced of its great importance, and astonished at the almost utter disregard among obstetricians of the great assistance it renders in the management of labor cases.

By fetal physical diagnosis we mean the application of the various methods of physical diagnosis to the examination of the fetus in utero.

It is best always to make this examination several weeks before delivery, for information gained at that time may be the means of changing an unnatural into a natural labor, and possibly of saving the lives of both mother and child. I make the assertion boldly that were this method of examination in successful and universal practice among obstetricians the operation of internal version for shoulder-presentation would soon pass into oblivion; for nothing is easier than to

* Read before the Louisville Academy of Medicine, November 26, 1875.

recognize these cases, and they are just as easily corrected by external version; and yet we hear constantly of children thus lost and mothers greatly endangered for the simple lack of knowledge so easily acquired. We need never then hear of the puncture of the pregnant uterus and possibly the destruction of the fetus by the trocar used for the removal of the supposed ascitic fluid, nor of the contemplated operation of ovariectomy for the removal of a live fetus at six or seven months. A knowledge of fetal auscultation would have prevented many a miscarriage brought on by the imprudent use of the uterine sound.

Not only may we thus learn the presentation and position of the child, but its condition and sex may be determined with more or less accuracy. In cases of protracted labor the failure of the strength of the child may be detected in time to save its life by manual or instrumental assistance; the location of the placenta is easily determined, so that, if adherent, the knowledge is of great use in its removal; disease of the placenta may sometimes be detected. Very few patients, when the subject is presented to them in the proper light, will object to the examination, and when it is over they will respect you the more for it. The patient should lie symmetrically upon her back, with the thighs very slightly flexed and the abdomen lightly covered.

Inspection, palpation, percussion, and auscultation will each in its turn be of service.

By inspection we may learn the general contour of the abdominal enlargement, whether it be the usual pear-shape or broader, as is the case with shoulder-presentations. Where there are twins placed side by side there is usually a depression or sulcus between them, and the uterus is broader transversely.

By percussion we mark out the outlines of the tumor which gives dullness, while the stomach above and the intestines on either side give tympanitic and tubular resonance.

By palpation we can not only feel the outlines of the uterine tumor, but can frequently recognize the prominent parts of the child, as the round, hard, bony head; the softer, more cushiony breech; the knees, the feet, the elbows, and the back. The movements of the child may also be recognized, if alive.

Auscultation is by far the most important, and by it we may learn whether the fetus is alive, and its condition; the presentation, the position, and the sex; the location of the placenta and funic obstruction, and after delivery frequently the time of actual separation and tearing off the placenta. There is no necessity for the use of a stethoscope, as the ear placed upon the abdomen can recognize and locate the various sounds. The gurgling sounds formed in the bowels are easily recognized, and of course disregarded.

The soft blowing murmur synchronous with the maternal pulse is the utero-placental bruit, and is heard most distinctly over the seat of the placental attachment. The sound varies very much, and during a pain is at first intensified, then abolished, to return again when the pressure from the contracting uterus subsides. In this way we may distinguish spurious and inefficient pains from the genuine and more efficient ones. When the placenta is being torn off by the contracting womb we may hear a distinct tearing-sound, and the placental bruit will cease.

The sounds produced by the movements of the child are of two sorts; either of a rubbing character, when caused by its changing position and rubbing against the uterine walls, or like a stroke, as when the child strikes its limbs against the uterine walls.

The rapid double pulsating sound is the fetal heart-beat, and will be found to vary from 110 to 170 per minute, thus easily distinguished from the maternal heart-sounds, which are sometimes heard even in the abdomen. Notice its fullness, strength, and regularity, as indicating the condition of

the child, the more important during a tedious labor, when a failure in its strength would warrant manual or instrumental assistance.

The point at which it is heard with greatest intensity will indicate the presentation and position of the child. From the manner in which the fetus is folded up in the form of an ovoid, with the arms flexed upon the breast, it follows that the heart-sounds will be transmitted most distinctly through the back; and, as the heart is in the cephalic half of the ovoid, necessarily we will have a vertex or breech-presentation, according as the sound is heard in the lower or upper segment of the uterus, and the occiput will be to the left or the right, as the heart is heard to the left or the right of the median line. We have thus the data for determining both the presentation and the position.

In cases where there are twins we will hear the heart-sounds at two points, usually differing in rapidity, and generally one in the lower and the other in the upper segment of the uterus.

It is important to note the rapidity of the heart-sounds, for we may thus tell with more or less certainty the sex of the child. In tabulating a large number of cases, varying from 110 to 170, I found the average was 134 to the minute. I take this therefore as the dividing-line between the sexes. Above that point the sex will be female, the certainty increasing the higher the number; below 134 the sex will be male, increasing in certainty as you descend. In a former paper, from an analysis of one hundred and twenty-six cases, I tabulated the following rules for determining the sex:

From 110 to 125 almost certainly male.

“ 125 to 130 probably male.

“ 130 to 134 doubtful, with chances in favor of male.

“ 134 to 138 doubtful, with chances in favor of female.

“ 138 to 143 probably female.

“ 143 to 170 almost certainly female.

Out of one hundred and six cases whose record has been kept, of those whose hearts beat from 110 to 125 there were thirty-five males and two females.

| | |
|----------------------|-------------------------|
| From 125 to 130..... | 13 males and 2 females. |
| “ 130 to 134..... | 8 males and 4 females. |
| “ 134 to 138..... | 5 females and 2 males. |
| “ 138 to 143..... | 7 females and 2 males. |
| “ 143 to 170..... | 24 females and 2 males. |

Thus we see that although the sex may not be determined with absolute certainty, yet we can certainly make a very shrewd guess.

Occasionally there is heard a soft, blowing murmur, resembling the placental bruit, but differing from it in rhythm, being synchronous with the fetal heart instead of the maternal pulse. This can only be caused by some obstruction to the circulation in the funis. An obstruction sufficient to give rise to a murmur may be caused, *first*, by simple compression of the cord between the prominences of the child and those of the mother. In this case it would not be permanent, but would probably disappear whenever the child changed its position. *Second*, by a knot in the cord, as sometimes occurs where the funis is long and the child slips through a loop in it, and the knot may afterward become drawn so tight as to obstruct the circulation. In this case the bruit would be permanent, but might be heard at various points, not being confined to one place, and moving with each movement of the child. *Third*, by the cord being twisted around the neck of the child, particularly if it be passed around more than once. In this case the bruit would be permanent and heard near the situation of the neck of the child, usually just above the pubis. Hearing this should warn the obstetrician to be on the lookout for that complication. The only remaining sound which may be heard is produced by the decomposition of the dead fetus. The gases generated make their way through the tissues with a fine crackling noise, which can be distinctly

heard, particularly when pressure is made upon the tumor. Where all the other fetal sounds are absent, and this crackling sound is heard, we may safely conclude that the fetus is dead, and that decomposition has commenced.

In the study of this subject I have been intensely interested, and I have presented it with the hope of awakening a more general interest in a practice which I believe will greatly tend to mitigate the horrors of that ordeal through which all mothers have to pass.

LOUISVILLE.

SALICYLIC ACID IN SEPTICÆMIA.

BY S. V. FIROR, M. D.

The frequent commendations of salicylic acid as an antiseptic of superior value, found in the medical literature of the past year, led me to test its properties, administered internally, in a clear case of septicæmia. Hitherto its properties as an antiseptic were mainly inferred from experiments made externally, etc. By parity of reasoning it was thought that the case subjoined was a suitable one to test the therapeutic value of this new agent in counteracting and correcting the poisoned condition of the blood and system from the absorption of putrid matter. With this view the case is submitted, in the hope that the reader may draw such conclusions as will either lead to a more thorough trial of the drug or condemn its use altogether.

Miss B., aged twenty years, nervo-sanguine temperament, fair complexion, blue eyes, and clear skin, enjoying fair health, was taken unwell early in August, and after a few days of indisposition I was called to see her on the 10th of the month. She had then the symptoms of a mild type of remittent fever, with some tenderness on pressure, and pain over the region

of the short ribs on the left side. After treating the case for some five or six days with repeated doses of calomel, ipecac., and rhubarb, and with suitable doses of quinine during the remissions, I found that the disease was so interrupted as to lose its typical character; the fever, which was now light and of short duration, only appearing at irregular intervals during the twenty-four hours. Still the pain in the left side had not disappeared. Applied a blister over the part, with some but not entire relief. Appetite not increasing, kept patient on tonic doses of quinine, with an occasional dose of calomel. For the succeeding ten days I did not deem it necessary to see her oftener than once in two or three days, during which period she improved so as to be able to sit up part of the time, feeling a little stronger, but with very little increase of appetite.

I was now necessarily away from home, being absent ten days. On my return I found my patient not so well as when I left. She now had slight fever, which would come and go several times during the twenty-four hours, with occasional sweating, but without periodicity; pain in the side still located over the splenic region; no enlargement discernible; left leg somewhat flexed, with some pain coursing down the thigh, seeming to start from the side affected, and which was increased on every effort to straighten the limb; pulse 96 to 100; tongue somewhat coated, with red tip; slight hectic appearance on left cheek. Was treated with acid nit., six drops three times per day; two grains of quinine every four hours, with nourishing diet; anodyne lotion to the side. Continued the quinine, and gave a table-spoonful of the saturated solution of chlorate of potash three times per day, with hop and linseed poultices to side. No material change occurred for five or six days, when I expressed to the family my fears of the formation of a psoas abscess. This opinion was strengthened from day to day until five days later, September 14th, when I thought I could detect fluctuation. My friend, Dr.

Kincaid, concurred in the opinion that an abscess had formed, which was unequivocally confirmed by the introduction of an exploring-needle.

The patient was immediately put under the influence of anæsthesia, and a trocar introduced to the depth of an inch and a quarter midway between the edge of the ribs and the superior crest of the ilium. Leaving the canula remain for twelve hours, as the matter was thick and discharged slowly, fully sixteen ounces of healthy-looking pus were drawn off. Put patient on a highly supporting treatment; viz., three grains of quinine every four hours, with six drops of muriated tinct. of iron; ale, eggs, and whisky. Could introduce the probe through the opening two inches toward the bowels. The discharge was quite copious for a number of days. Injected an ounce or two of carbolized water, of the strength of six drops of the acid to one ounce of water, once or twice per day. Continued treatment as above, with but little change, for ten days, the pulse seldom exceeding one hundred; but for several days past the discharge has assumed a purulent character, with much fetor; some hectic flush on left cheek remaining a short time, and then passing off.

September 26th—Some cough appears, but no expectoration, though the fetor, like that of rotten onions, accompanying the discharge now affects the breath when patient coughs; tongue red; pulse 110; hectic flush more distinct; some dullness at the base of left lung; the discharge is copious and very offensive.

September 28th—This evening patient had a violent fit of coughing, with some expectoration, which was so offensive as to be almost suffocating to her. The lower lobe of the left lung is now evidently breaking down, doubtless as the result of absorption and transfer of purulent matter from the abscess to the lung—septicæmia.

The threatening aspect of the case caused me to ask for further counsel, when Dr. Mountmollen, of Ashland, and Dr.

Kincaid, of this place, were called. As the result of the consultation, the diagnosis being clear and the case deemed rather hopeless, it was determined to continue the treatment above outlined; and in addition it was agreed that the value of salicylic acid as an antiseptic, administered internally, should be tried. It was given, in a mixture of gum acacia, in doses of four grains every six hours; while an injection of two grains to the ounce was thrown into the abscess several times a day; also added to the sustaining treatment the extract of beef, wine, and iron four times per day.

On the morning of the 29th, having been called away, I left the case in charge of Dr. Kincaid. On the 30th a consultation was held, to which Dr. Martin, of Ashland, was added. Diagnosis confirmed and treatment continued. On the 5th of October, when I again took charge of the case, I found the abscess discharging less matter, and that not near so offensive; cough considerable and expectoration free and easy, but less fetid; tongue still red, with aphthæ on the sides; still some hectic, but not so marked; pulse 100 to 110; evidently an abscess at the base of the left lung, with some dullness at the base of the right lung; patient can now move her left leg and nearly straighten it, with but very little pain. Resumed the use of the solution of chlorate of potash, which had been discontinued for a week, and continued the other treatment, increasing the salicylic acid one half.

Five days later the discharge from the abscess was quite laudable, and there was a marked diminution in quantity; still cough, expectorating easily a considerable amount of pus; cavity seems to be extending upward; dullness of the lower lobe of right lung more marked, but no evidence of breaking down of lung-tissue. Continued treatment.

October 18th—A close examination of the chest reveals extended dullness on right side, with here and there small points indicating the presence of pus; base of left lung as before; upper portions normal; expectoration easy and rather

copious; tongue appears nearly normal; appetite good; pulse 96 to 100. Continued treatment with but four grains of acid three times per day.

During the six subsequent days up to the 24th there was not much change, other than a gradual gaining of strength; less cough and expectoration, with (except now and then) an almost entire absence of any offensiveness of breath or expectoration; bowels quite regular; appetite remarkably good; tongue perfectly clean and natural in color; pus from abscess scanty and entirely laudable.

October 27th—Improvement still more decided; cough much less, especially during the last thirty-six hours, with much less expectoration, and this not fetid. Continued treatment, omitting chlorate of potash.

November 1st—During the past few days the cough has diminished and the character of the expectoration changed to that of a whitish, frothy mucus, with some pus; returning resonance is audible at the base of the right lung; patient rests well at night; has scarcely any cough and but little expectoration; no hectic flush; pulse more normal; feels stronger and looks better; still that hollow sound over base of left lung exists, indicating the presence of a cavity; abscess discharging small quantities of quite laudable pus. Discontinued the salicylic acid; continued other treatment.

November 7th—Still improving in general strength and every way apparently; sat up an hour yesterday; no return of fetor, either of pus or breath. Continued treatment.

November 9th—Sitting up in an easy chair, feeling well; very little cough, and the improvement seems to continue without the slightest indication of any return of the septic symptoms, though nine days have elapsed since the discontinuance of the acid.

Remarks.—Whether this patient will be fully restored to health is yet a question, for one lung is very much injured, while in the other there seems to be a predisposition to be.

affected by the sudden atmospheric changes of our winters. However, so far as the practical inference in regard to the indications met by the administration of salicylic acid, the case has reached a crisis affording us data of sufficient value to form an opinion as to whether it exerted any part toward the result obtained. That we may the better judge I will here state that while it is not known what caused the abscess, yet from the family history we are warranted in believing that the patient inherited a scrofulous diathesis, which no doubt predisposed to the development of the abscess, as well as to the rapid transfer of the putrid matter to the lung, and its breaking down, which fact gives additional value to any therapeutical means that would modify a disease of such a threatening and almost invariably fatal character; for let it be observed that when the acid was added to the treatment she had already been under the effects of some of our most valued antipyæmic remedies, and at the time the case was deemed by the council almost hopeless. From the time the acid was first given until its use was suspended, in all thirty-one days, about four hundred and twenty grains were given.

The improvement in regard to the fetor of the pus from the abscess, as well as from the expectoration and breath, was quite perceptible inside of five days from the time the acid was first given, notwithstanding this seemed the very period when the greatest amount of lung-tissue was being broken down.

CATLETTSBURG, KY.

Reviews.

Report of the Health-officer of the City and County of San Francisco for the Fiscal Year ending June 30, 1875. By HENRY GIBBONS, M. D., Health-officer. San Francisco, 1875.

The annual reports of the various health-officials of the United States constitute a very important part of the sanitary and medical statistics which reach the tables of the profession. It is to be regretted that no action has yet been taken by the General Government toward so important a matter as the collating of the vital statistics of the United States, and of placing such condensed information at the service of the profession. The territory of the United States affords unrivaled advantages for collecting the most valuable information. Forty millions of people of all nationalities are congregated within its borders, scattered from the Atlantic to the Pacific oceans, from the almost endless winter of Alaska to eternal summer of Florida.

The vast region lying between 10° east long. and 50° west long., and between 10° to 60° of latitude, with the great diversities of climate and altitude, should be made subservient to sanitarians. The enterprise is, however, so vast that it can only be handled by the General Government.

From the report of Dr. Gibbons we learn that in the city of San Francisco, with a population of 230,132, of whom 19,000 were Chinese, there were during the fiscal year 4,163 deaths and about 6,000 births. It is of interest to note among the causes of death that phthisis pulmonalis is credited with 555 deaths, pneumonia with 263 deaths, puerperal diseases with but 55 deaths. Among the Chinese inhabitants of the

city 453 deaths are recorded, but of this number in but 90 cases was any cause of death recorded. This fact arises from these people being almost universally attended by their own physicians, "whose certificates of death, even could they be read, are not to be accepted."

The total mortality of the city for the past year was but 150 more than that of the previous fiscal year. "The marked improvement over the preceding year is at once manifest when it is recollected that while the mortality has increased less than four per cent, the population has increased fully fifteen per cent." Space forbids a more extended notice of this report, which is one of the most valuable of this year's series.

E. M'C.

Transactions of the Medical Society of the State of West Virginia. Eighth Annual Meeting, held at Point Pleasant, June, 1875. Published by the Society, at Wheeling, W. Va., 1875.

The pamphlet in question opens with a copy of the constitution and by-laws of the society, which is followed by the minutes of the last annual meeting and the customary address of the president.

Dr. S. L. Jepson, the health-officer of Wheeling, contributes a report on the epidemics of that city since 1872. They were, in order of enumeration, puerperal fever, typhoid fever, cholera, and scarlatina. Of this report some nine pages are devoted to the subject of cholera, and consists of a history of the local epidemic, which has already been twice given to the profession. It is to be regretted that this truly valuable paper should have been so often reproduced as to lose the charm of novelty. Dr. W. H. Sharp furnishes an abstract of authorities for the use of forceps in midwifery, without, however, advancing any new or original suggestions. Dr. Sharp also contributes a short report upon climatology and

epidemic diseases. Dr. Hazlett reports a case of abdominal tumor, Dr. Knight a case of strangulated hernia, and Dr. Hollihen the results of a plastic operation for restoration of the lower lip. The cream of the entire work is to be found in the series of surgical cases presented by Dr. John Frissell, which are original and valuable. The volume closes with an account of a case of encephaloid abdominal tumor and the report on necrology. Upon the whole, this volume contains more original matter than is usually found in productions of this class.

E. M'C.

The History of Anæsthesia. By EDWARD S. DUNSTER, M. D.

Read at the annual meeting of the Washtenaw County Medical Society, Michigan. Reprinted from the Peninsular Journal of Medicine. Ann Arbor, 1875.

An interesting history of modern anæsthesia, in which the claims of Wells, Morton, Jackson, and Simpson to the credit of priority (an old story) are dispassionately canvassed. It not infrequently occurs that the world accords credit to the most persistent and loud-mouthed claimant. The individual who is possessed of but sufficient intelligence to avail himself of the industry and perseverance of others passes as a diamond of pure water, while the worker, from whose labors the rays of light have been extracted, remains in obscurity.

Dr. Horace Wells, of Hartford, Conn., in 1844 employed the nitrous oxide for the purpose of rendering individuals free from pain during the process of extracting teeth. He communicated his views to *his friends*, Drs. Morton and Jackson, of Boston. In 1846 Dr. Morton appeared with an agent to avert and annul pain, and claimed originality.

The employment of sulphuric ether for the relief of pain during a surgical operation was certainly original with Morton; but Frobenius, in 1730, had described the singular properties of the agent he employed, and the suggestion came from Dr.

Wells. Dr. Jackson, who had also been a recipient of the facts obtained by Wells, soon entered the field and disputed the claims of Morton. In 1847 Sir James Y. Simpson, at the suggestion of a Liverpool chemist, first employed chloroform, and by Simpson the term anæsthesia was introduced to the profession.

Dr. Dunster expresses the hope that "time, however, which is a great adjuster of right and wrong, and which sooner or later inevitably strikes a just balance for every one, will set all this straight, and yet award to Wells the credit of the original discovery and establishment of anæsthesia."

E. M'C.

A Series of American Clinical Lectures. Edited by E. C. SEGUIN, M. D. Vol. I, No. 9: "Peritonitis," by Prof. ALFRED L. LOOMIS, M. D. New York: G. P. Putnam's Sons. 1875.

For the valuable series of clinical lectures of which the present number is the ninth the editor deserves the greatest credit. The series so far contain lectures of Sayre, Jacobi, Flint, sr., Weir Mitchell, and others of equal prominence in their respective specialties, and when completed will be one of the most valuable works in the hands of practitioners. The low cost at which the series is issued places it within the reach of all. The present number will be found replete with the latest information concerning this interesting form of disease, and equal to any of its predecessors.

E. M'C.

Clinic of the Month.

PNEUMATOMETRY.—In an elaborate and most instructive paper on this new means of diagnosis in lung-diseases, contributed to the New York Journal of Medicine by Professor Louis Elsberg, the following conclusions are stated:

“With pneumatometry the case is the same as it is with the other methods of examination, especially percussion and auscultation; it does not directly point out the presence of a particular disease, but it reveals certain abnormal conditions which may be caused by various accurately-recognizable diseases between which differential diagnosis has to decide. By means of the pneumatometer dyspnoea, difficulty of breathing, which could hitherto be denoted by indefinite expressions only, can be characterized with exactitude both qualitatively and quantitatively; the first by showing whether it is inspiratory or expiratory, or both combined, the latter by determining in figures its precise extent or degree. And not only can the difficulty of breathing be determined when it exists subjectively as well as objectively, but in the first beginnings of a respiratory insufficiency, before the patient himself is conscious of it (except perhaps upon very unusual exertion), before we can discover its existence by any other method of examination hitherto known, the pneumatometer may indicate a deviation from healthy respiration. Again, in obscure cases of differential diagnosis, the weight of the evidence supplied by the pneumatometer may turn the scale in the right direction when this might not be discernible without its revelation. The importance and value of pneumatometry can therefore not be doubted, and, without allowing it to take the place

of other means of diagnosis, to it should unhesitatingly be awarded a prominent place alongside of the recognized and not-to-be-omitted methods of physical examination."

STRAPPING THE BREASTS TO PREVENT LACTATION.—Dr. Munson, of Otisco, N. Y., reports (*ibid.*) a number of cases where, it being desirable to arrest the flow of milk in nursing-women, the object was effected with uniform success by strapping the breasts. He says:

"Strapping will be of no use unless it is well done. Let the first strip be put on so as to hold the breast well up by itself alone, whichever direction it is made to take. I usually commence by placing a strip laterally beneath the breast, about half way between the nipple and lower margin, draw the gland well up, and attach one end high up on the sternum and the other end high up under the arm. The next strip is placed at right angles to the first, close to the nipple. Apply to breast first, draw it well up and fasten upper end, letting it pass over the shoulder, then draw down lower end firmly and fasten it. Do not skip the nipple or cover it, but cut holes through the strips that pass over it, and let it project through. This is to allow the milk which may ooze out for the first few hours to escape without burrowing beneath the plaster, pushing it off, and making a hot, disagreeable, irritating poultice. Several thicknesses of soft cloth should be placed over the nipple (when pervious) to absorb the milk that escapes. This should be renewed as often as it becomes saturated.

"A timely application of this plan of strapping I have found almost sure to arrest commencing mammary abscess."

ELEPHANTIASIS OF VERY LARGE SIZE REMOVED FROM THE EXTERNAL FEMALE GENITAL ORGANS.—Dr. C. B. Porter showed the specimens, and the following history of the case was furnished by Helen M. Marsh, assistant physician to the State

Alms-house at Tewksbury. The patient was thirty-five years of age, a single woman, and a prostitute. Three years ago the tumor was about the size of the fist, and when it was removed it hung down to the knees and measured ten inches in diameter. The patient suffered from the weight of the mass, and, when it was not supported, from great pain, so that she could walk but little. The urine also was constantly dribbling away. In appearance the tumor externally was warty, lobulated, and dark-colored for the most part, as usual. It was fleshy to the feel; it arose mainly from the clitoris and internal labia, and weighed after removal four and three quarters pounds. It was supposed, probably from the woman's habits of life, to be owing to syphilis. Dr. M. G. Parker, of Lowell, removed the mass with the galvano-cautery. There was no hemorrhage or any subsequent complaint, except of her stomach and of great thirst; but she sank and died in two days. The wound meanwhile had contracted well, so that but little was seen of what had been done.

In her stomach were found two balls, composed of straw, twigs, twine, tea-leaves, etc., resembling the hair-balls that are sometimes found in the stomachs of cattle. From the middle portion and toward the ends they gradually tapered to a point, and were there slightly connected. A third mass of similar material was in the duodenum. They were compact in structure and not at all digested. The stomach itself was not remarkable.

Two years before her death, which occurred March 27th ult., this patient was a healthy-looking woman, and weighed one hundred and seventy pounds, but during the last six months of her life she had become anæmic, and her weight was reduced to one hundred pounds or less. Her appetite was sometimes voracious and sometimes small, and after indulging it she often vomited. For several years she had been insane, and for nearly four months she was at the insti-

tution at Tewksbury. During this last period she had not walked out, but she would often tear her bed to pieces and scatter the straw around the room. No tendency, however, to the swallowing of such articles had been observed. After the operation, and when the straw was probably in the stomach, she took milk, eggs, beef-tea, and whisky. (The Boston Medical and Surgical Journal.)

INORGANIC CONSTITUENTS OF DRINKING-WATER.—The importance of rightly estimating the influence of the inorganic constituents of drinking-waters on the constitutions of consumers is forcibly presented in a paper, by W. J. Cooper, published in the Sanitary Record of September 11, 1875. Reference is made to the experiments of M. Papillon, communicated to the French Academy of Science, which showed that not only the food that is eaten by animals affects the composition of their bones, but that mineral matter in dilute solution is capable of being assimilated. The effect of altering the composition of the water-supply of a community may involve questions of vast importance to the organic structure of the human body. If the water contains lime, strontia, or magnesia, these may appear as phosphates of lime, strontia, or magnesia in the bones. Should these salts be deficient, the bones would be imperfectly supplied with mineral matter. By varying a water-supply it might be possible to alter the physical organization of a population, and in future ages, from the examination of the bones of bygone generations, the character of the water they were in the habit of drinking might possibly be deduced. While much attention is now being directed to organic impurity in drinking-water, the inorganic impurities have been almost overlooked, although there are numerous instances where serious consequences have arisen from the incautious use of deep spring-waters. Some time ago at Hendon, in Middlesex, an artesian well was bored to supply water for some valuable horses which

were being reared there. The water was sparkling, pleasant to the taste, and quite free from any organic impurity. The foals, however, which drank the water soon died, and the whole stud was seriously affected with diarrhea. An analysis showed the water to contain sulphates of magnesia and soda in considerable quantity. On discontinuing the use of the water the disease was arrested. At Rugby the water from an artesian well free from organic impurity was hailed with satisfaction at its brightness. The community, however, were attacked with diarrhea caused by the Epsom salts present in the water, and the supply had to be discontinued, as there is no known method of freeing the water from sulphates. As is well known, goiter and other throat and glandular affections, and even idiocy, have been attributed to inorganic salts in drinking-water. If the entire organic structures of the human body are liable to alteration when excess of mineral matter is introduced into the system, it is important that health-seekers at the various medicinal springs should place themselves under competent medical supervision. One of the first considerations in the inauguration of a water-supply should be to insure a perfect freedom from excess of any mineral except those comparatively harmless ingredients, chloride of sodium and carbonate of lime. (*Ibid.*)

HEMORRHOIDS TREATED BY CLAMP AND CAUTERY.—Mr. Henry Smith, in a late lecture on his method of treating hemorrhoids and prolapsus (London Lancet), says in reference to hemorrhage:

"Hemorrhage, the most important matter in connection with the operation of the clamp and cautery, is important in two senses: first, because it is in reality the only objection to the operation; and second, it is the result against which the surgeon has most to guard, and unless he takes very great care it is an occurrence very likely to take place. I find, moreover, from what has been written, and from conversa-

tion with my professional brethren, that surgeons dread the performance of the operation from fear of this taking place. But I have no hesitation in saying that the bleeding which is most likely to be serious—viz., that which may take place immediately after the operation—ought not to occur, and that if it does happen it is either from the fault of the operator or from the use of defective instruments or an inefficient use of the cautery. As to my own results, I may state that in the whole of my four hundred cases, which have included many of the severest kind and huge size, I have never met with bleeding sufficient to necessitate plugging of the rectum; and not one of the house-surgeons of King's College Hospital have ever had to resort to that measure. In fact I have been astonished that a case has never occurred to me where this measure has been needful, as, especially in hospital cases, I have frequently been very sparing with the cautery, and have become emboldened by success from paying as much attention as I ought to prevent its occurrence. I have met with eight cases in which bleeding, either immediately on the operation or that which may be termed secondary hemorrhage, has taken place to such an extent as to demand very active measures short of plugging the rectum; and, curiously enough, at least six of these have occurred in my last series. I account for this—and glad I am, in one respect, to be able to say this—from my previous immunity causing me to take less precautions than I should. This little salutary experience has made me doubly careful, and I do not think that my future results will show any similar mishaps.

“One other point in reference to the result of this operation, about which I have often been questioned, is as to the liability to the occurrence of stricture. My experience shows that stricture is not likely to occur from clamping and cauterizing the mucous membrane, but it is just as likely to occur after this operation as after any other operation when the skin is too freely dealt with. I have had three cases where

from this cause cicatrization of the skin caused a contraction of the anus; and hence I am extremely careful about the removal of skin, and only adopt this measure where there is an abundance of this tissue, or where, in consequence of great weakening of the sphincter, it is necessary to produce firm cicatrization. If, however, I am obliged to remove skin at all freely, I always make a patient use a bougie for a few weeks.

"In one instance only have I met with a case where a fistula resulted. In this case I had not the charge of the after-treatment, and therefore do not hold myself responsible for the result."

OVARIOTOMY.—We copy the following abstract of a report on ovariectomy, by David W. Yandell, M. D., from the Transactions of the Kentucky State Medical Society for 1875:

"It may be remembered by some members now present that in a paper entitled an 'Abstract of Six Cases of Ovariectomy,' which I had the honor of reading at the last annual meeting of the Society, I included a case where the operation was incomplete, by reason of the adhesions making it impossible to remove the cyst. I will not repeat here what I said then, but will take up the case where I left it at that time.

"The tumor continued to refill, and discharged great quantities of purulent fluid. Almost every known antiseptic and astringent injection was employed, but without avail. A large drainage-tube constantly worn became indispensable; frequent cleansing of the cyst was equally so. The patient, however, regained her health, and went to her home, in Illinois, in the summer. She has continued in good general health since, though unable to give up the drainage-tube until a few months ago, when it came out; and being unable to re-introduce it, she has since gone without it, while the cyst has not appreciably refilled. I hardly dare hope, however, that the cure will be permanent.

"I have performed ovariectomy but three times since I had the honor to be appointed a special committee on that subject. One of these, performed on a lady aged sixty from Lexington, Ky., and kindly sent to me by the late lamented Prof. Bush and Dr. Skillman, was successful, the patient returning home in six weeks after having a tumor removed which with its contents weighed one hundred and fourteen pounds.

"The second and third cases terminated very differently. The second case was placed in my care by Dr. Durrett, a medical friend living near Louisville. The patient was an unmarried lady, aged nineteen, of excellent constitution and health, from Anderson County, Ky. The tumor had been first noticed about two years before, had grown very slowly until a few months prior to its removal, and had been unattended by any severe attacks of abdominal pain, or until recently by appreciable constitutional disturbance. The abdomen was opened by the long incision; the contents of the tumor, which consisted of a straw-colored albuminous fluid, were drawn off, and the cysts removed with greater ease than I had ever met with in any previous operation. There were no adhesions. It was not necessary to carry even a finger into the abdominal cavity. The tumor was composed of one large and several smaller cysts, and weighed along with its contents about twenty pounds. On the second day after the operation peritonitis set in, and in two more days proved fatal.

"The third case was sent to me from Mississippi, and was in the person of a married woman, aged fifty, a mother, who had noticed an abdominal growth for some years before applying to me. It had been tapped many times, and large quantities of fluid had been removed. For many months before I saw her the tappings were required to be made in the epigastric region; for, if made below that locality, the amount of fluid which flowed away was too small to give any relief to the abdominal tension and dyspnœa, both of

which at times were extreme. The lady was full of courage and of hope, with first-rate appetite and very fair general health. An incision through the abdominal walls revealed a multilocular tumor, which was so generally and firmly adherent that no amount of such skill as I possessed enabled me to detach it sufficiently to allow of the introduction of even the half of my hand. The tumor was tapped, but only a small amount of jelly-like fluid escaped. The gentlemen present all concurring that the operation could not be completed, the wound was carefully closed in the usual way. The patient experienced but little shock; but when made aware of the failure to remove the tumor she expressed extreme disappointment, soon became greatly depressed, and abandoned all hope, if not also all desire, of recovery. She died of peritonitis on the fourth day. Prof. Cowling, Dr. Roberts, and myself were occupied for more than an hour after her death in removing the tumor, which, originating in the left ovary, was attached literally to every thing in the abdominal cavity except the stomach. On examination it proved to be a mixed tumor—partly colloid, partly almost solid.

"These three cases, with the six previously reported, give me a total of nine cases, with five recoveries.

"In order to add to the interest of a report which, if it embraced an account only of my own work in this field within a twelvemonth, would be but a poor return for the honor done me by the society, I have endeavored to gather a brief history of the operation of ovariectomy as it has been done in the city of Louisville and the county of Jefferson. If I accomplish no other result by this undertaking, I shall at least lighten the labors of my successors in this field, by furnishing them in an accessible form with the statistics of the operation in this locality up to this date.

"The first ovariectomy performed in the city of Louisville was in 1848, and was done by the late Prof. Henry Miller;

the second was in 1849, by Prof. Gross; the third was in the same year, by Prof. Bayless. Dr. Miller did his second operation in 1859, his third in 1860, and all these were successful. Between the latter period and 1868 he operated on three other cases, all of which terminated fatally. Prof. Middleton Goldsmith did ovariectomy once in this city while residing here, but in what year I have been unable to ascertain. The result I learn, however, was unfortunate. The late Prof. Bayless operated five times in this city with a fatal result in every case. Dr. McLean, then professor of surgery in the Kentucky School of Medicine, and an operator of undoubted skill, operated in 1869. The patient, who was a young unmarried woman, resided in Louisville. Prof. McLean made the short incision, and removed a unilocular tumor, which was without adhesions. Death occurred in a few hours from shock.

"Dr. Garvin has given me the following account of his first and only case: Patient unmarried, aged thirty years, healthy; tumor first observed two years before operation, which was done in 1869; long incision; extensive adhesions; tumor multilocular; pedicle long, secured by ligature. Death in nine hours from shock.

"Through the kindness of Dr. Thos. J. Griffiths I have the following brief outlines of a case occurring in his practice, and operated on in 1872 by Dr. W. H. Newman, formerly of this city: Patient aged forty-four years, married; observed tumor four years before; had been tapped three times; long incision; no adhesions; tumor unilocular; pedicle secured by ligature; extra-peritoneal. Dr. N., being of opinion that the fatality which had attended ovariectomy in Louisville might perhaps be due in some degree to the nausea which so often follows chloroform narcosis, operated without an anæsthetic. His patient died two days after of exhaustion.

"My friend Dr. E. O. Brown has had one case of ovariectomy in his practice, the operation, at his request, having

been performed by Professor J. M. Keller in November, 1873. The patient was married and aged thirty-five years. The tumor was multilocular; long incision; ligature; extra-peritoneal. The patient died in about thirty hours.

"Prof. Cowling has operated twice, both cases proving fatal. Prof. Ireland has operated once. The subject was forty-three years old, married; had noticed the tumor for several years. On one occasion one or more of the cysts had burst, the fluid escaping into the peritoneal cavity with evident diminution in the size of the tumor. She had at this time rigors, sinking, extreme abdominal pain, and other symptoms of peritonitis. Some months after this she was tapped and the fluid in the peritoneum withdrawn. Ninety days subsequent to the tapping the tumor was removed through the long incision and the pedicle tied externally. There were extensive adhesions. The patient recovered well from the chloroform, and for four hours was comfortable. She then vomited and experienced a gush of fluid from the wound. This she mistook for blood, and was seized with the apprehension of sudden dissolution. Although assured that no hemorrhage had taken place, she grew cold, the pulse sank, and in spite of well-directed treatment she expired within twenty hours. The cyst contained a bunch of hair as large as the fist, and several well-formed teeth, the roots of which were imbedded in the cyst walls.

"Prof. A. B. Cook operated on the following case in 1871: Mrs. —, aged thirty years, the mother of three children, the youngest eighteen months old, had observed an abdominal tumor six months before. One of the cysts was emptied by the aspirator of six quarts of purulent fluid. A month later a multilocular tumor was removed by the long incision. There were very firm adhesions, embracing a large portion of the parietal peritoneum, the ascending and descending colon, and portions of the small intestines. The pedicle, which was short, was secured by ligature and dropped back into the

abdomen, the ends of the ligature being brought out at lower angle of wound. Death ensued in seventy-two hours from shock. The autopsy revealed that the abdominal wound had united by first intention. Those portions of the peritoneum and intestines which had been adherent to the tumor were glued together by plastic fibrin; the pedicle was well glazed. There were no evidences any where of undue inflammatory action, and but a few spoonfuls of serum in the pelvic cavity.

"Dr. W. L. Atlee operated in 1872 in this city on a middle-aged unmarried lady, removing a unilocular unadherent tumor by the small incision. The patient died in about seventy hours from exhaustion.

"Dr. Dunlap, of Ohio, removed some time during the war an ovarian tumor in this city with a successful result.

"It will thus be seen that ovariectomy has been done in Louisville and Jefferson County thirty-six times, resulting in nine recoveries and twenty-seven deaths.

ANGINA PECTORIS.—Dr. Hamilton Osgood, of Philadelphia, in an exhaustive article on this disease in the October number of the American Journal of the Medical Sciences, reports the following cases treated by nitrite of amyl:

"*Case 2.*—This case is that of a young lady who suffers mild attacks of angina pectoris, which cause pain and a heavy feeling about the heart, pain which shoots up the left neck, and pain in the left arm, involving the third and fourth fingers, and producing a contracted left radial. In this case I have used no other remedy than the nitrite of amyl, to the effect of which the patient is exceedingly sensitive. I am unable to use more than three-drop doses, and generally during the second inhalation with a spasmodic shudder the patient flings herself away from the handkerchief. By this time, however, she is invariably relieved. The effect of the remedy upon her is unusually profound. She remains in a semi-unconscious

state one to three minutes following the final inhalation. I mention her case in the present tense because, although much better, she continues to send for me at intervals of two or three months, in order to gain the relief which she never fails to find in a single inhalation.

"*Case 3* was that of a young lady who received the attack while in church. I found her in a convulsive condition as to limbs and fingers, and unable to respond, being apparently unconscious to the sound of my voice. The right hand was occasionally clutched over her heart. There was the very small left radial pulse as compared with the right. Removing the patient to fresher air, I gave her brandy with aqua ammoniæ, meanwhile sending for nitrite of amyl. No change had taken place when it arrived. I administered two drops. With the first inhalation the patient, evidently startled, began to shriek wildly, in spite of which I continued the inhalation, and was rewarded by the return of her ability to speak. She felt relieved of pain, which had been 'frightful.' After two additional inhalations, which relieved her still more, the patient was removed to her residence, where, after one more administration of the remedy, I left her in comfort. On the following day she complained of a sore and heavy feeling in the cardiac region, for which I did nothing. The next morning she came to my office to ask relief from this discomfort. A single inhalation of the nitrite of amyl relieved her completely, and up to the present time (a lapse of thirteen months) she has suffered no return of the paroxysms.

"*Case 4* was that of a fourth young lady, who for several months had experienced a dull pain in the cardiac region, no remedy which she had received having relieved her. I tried the effect of valerianate of zinc and Quevenne's iron. A slight relief was the result. Within three weeks of her first visit I was one day called to her house. Found her in a paroxysm of angina pectoris. I went prepared with the nitrite of amyl. She could not bear more than one drop.

Five inhalations of one drop each relieved her not only of the paroxysm, but also of all traces of the pain to which she had for months been the victim. Heretofore unable to move quickly, to go up stairs, or drive without additional pain, she subsequently was and has ever since been able to take long walks, dance, run up stairs, and ride horseback without the slightest sensation of discomfort.

"The three patients whose cases I have cited were of ages between nineteen and twenty-five years, and the closest examination revealed no hint of any affection of the heart.

"*Case 5* was a female, aged fifty-seven years. The attack for which I treated her had been preceded during the past seven years by four others of a milder type. I found the patient almost in a state of collapse; face livid; surface of the body bathed in perspiration; pulses small, especially the left radial. There was agonizing pain about the heart, extending to the occiput, left shoulder, and upper left arm; singultus, globus, great dyspnoea, and difficulty of speech. The heart-sounds were weak but normal. The organ was acting irregularly. I administered nitrite of amyl, by inhalation, in five-drop doses. The patient experienced immediate relief, and in the course of thirty minutes resumed an almost natural look, color returning to the cheeks, breathing becoming much freer, and the ability to speak being restored. Attacks of lesser degree appeared during the next hour, which I vainly endeavored to relieve by hypodermic injections of morphia and a variety of powerful stimulants. The patient was growing rapidly weaker from the effects of the first paroxysm. Under the circumstances I felt unwilling to continue the use of nitrite of amyl, but nothing else gave her the slightest relief, hence I again administered it in smaller quantity. It quenched the pain and permitted the patient to assume a horizontal position. I then began to give her strong doses of brandy and aqua ammoniæ every quarter or half hour, but she gradually and quietly sank into a new

collapse, which ended in death four hours after the first attack.

"Here was a case in which I found the patient in the very throes of death, out of which I am confident that nothing but the nitrite of amyl could have delivered her. She became sufficiently restored to receive the ministrations of her pastor, speak with her family, and be prepared for the end. Besides this, she was freed from pain, and died calmly. The shock and effect of the first spasm were more than her heart could bear with impunity, as will be seen by the details of the post mortem.

"The autopsy revealed a heart well covered with fat; valves normal; slight atheroma of the aorta ascendens; right ventricle extremely thin and flabby; left ventricle in an apparently fair condition, but rather light in color; papillary muscles shortened and thickened; liver markedly fatty. No other organs examined. The microscope showed that the muscular tissue of the heart was in a state of decided fatty degeneration. It is probable that this condition of the heart would be accused as the cause of the paroxysms by those who believe that angina pectoris *depends* upon a diseased state of the organ."

PROGRESSIVE PERNICIOUS ANÆMIA.—Prof. William Pepper, in treating of progressive pernicious anæmia, or anæmatosis, arrives at the following conclusions: 1. Progressive pernicious anæmia is identical with the idiopathic anæmia of Addison, and is in no sense a new disease. 2. It is in reality the medullary form of so-called pseudo-leukæmia. 3. As the primary and essential lesion in this and the analogous conditions (leukæmia and pseudo-leukæmia) appears to be an affection of the chief blood-making tissues—spleen, lymphatic glands, marrow of the bones—causing defective elaboration of the blood, it seems proper to select some name that will indicate this fact, as *anæmatosis*. 4. The changes in the blood consist

of great reduction in its mass, with extreme diminution in the proportion of red globules, without increase in the white corpuscles; there are probably also changes in the vital properties both of the red and white corpuscles. 5. The other lesions—chiefly fatty degeneration of the heart and other organs, passive effusions, and hemorrhages—are secondary, and depend upon the blood-changes. 6. The symptoms are explicable, in great part, by the state of the blood and the condition of the heart. 7. The disease, when once fully established, appears to be invariably fatal. 8. The remedies which afford most prospect of relief are cod-liver oil, arsenic, and phosphorus. 9. Transfusion is only capable of doing temporary good. 10. The operation is not free from grave danger, owing to the feebleness of the heart and the small amount of blood in the vessels; and, in order to be safely employed, the amount of blood injected must be very small (three fluid ounces); it must be introduced very slowly, and the operation must be repeated at suitable intervals. It adds to the safety of the operation to inject the blood into a small artery instead of a vein.

POST-PARTUM PILL.—At Bellevue Hospital the following has a popular hospital reputation as a substitute for the regulation dose of castor-oil after parturition:

| | | |
|----------------------------------|---|-------------|
| R. Ext. colocynth comp., | } | āā ʒiij; |
| Hydrarg. submuriat., | | |
| Ext. nucis vom., | } | āā grs. xx. |
| Pulv. aloes, | | |
| Pulv. ipecac, | | |

M. et div. in pil No. 120. One to four to be taken at a dose.
(The Medical Record.)

Notes and Queries.

TO SPECIALISTS.—Dr. Robert Barnes is responsible for the following: "One lesson will be drawn from the clinical deductions made in these studies of the relations of bladder and bowel distress to disease of the neighboring structures. You will see how impossible it is to pretermitt close examination of the surrounding organs without serious risk of overlooking conditions that may be fatal if neglected, and which may be remedied if discovered. While we are looking at the kidneys or the intestines, because they are disturbed in their functions, it may be the uterus or the ovaries that are in fault. We thus see how dangerous it is to practice in the spirit of pure specialism; how absurd it is to map out the body and assign particular territories to particular classes of practitioners. You will see how intimately, how indissolubly that part of medicine which takes for its basis the particular study of the generative system in woman is linked with the disorders of the alimentary, vascular, and nervous systems; that is, a pure specialty can not exist. A more monstrous thing can not be conceived."

CHOLERA IN INDIA.—The Prince of Wales has been brought to a standstill by the report of the prevalence of cholera near the route which had been marked out for his tour. He had expected to go from Bombay by rail to Madras, which would have taken him several hundred miles in a south-easterly direction across the peninsula; but the Neilgherry Hills, in which district the cholera is said to be raging, are only something like two hundred miles south-west of Madras, and while

the prince would not have to pass through them, yet their proximity is too near for royalty on a tour of pleasure as well as business. The dispatches say that the prince will probably have to abandon his proposed visit to Madras, in which event we presume he will go directly across India to Calcutta. He had proceeded only as far as Poonah, a short distance from Bombay, on his southern trip, when he was arrested by the intelligence of the cholera; and he will probably return to Bombay and proceed thence to Calcutta by rail, a distance of twelve hundred miles or thereabouts. (Louisville Courier-Journal)

CHOLERA IN SYRIA.—The latest dispatches received by the sanitary board at Constantinople from Syria report that the outbreak of cholera appears to be declining every where except at Aleppo, at which place in one week, from August 8th to 15th, three hundred and forty-one cases and two hundred and fifty-three deaths were registered. At Damascus there were only nine new cases and twenty deaths from the 9th to the 11th of last month, while from the 12th to the 15th no further attacks were reported. In this immunity from the epidemic, however, the suburbs were not included, several cases having occurred there. At Antioch, from August 4th to 8th, three persons were attacked and two died. At Tripoli, on the 11th, there were five cases, of which one proved fatal; while at Beyrout, from the 8th to the 12th of the same month, forty-nine people were attacked, of which number twenty-eight died. At Lattakia, from the beginning to the 16th of August, there had been thirty-five cases and twenty-three deaths; and a few cases of the disease were lately reported from Sieuket Haib, in the Lebanon. (Medical Times and Gazette.)

EXTREME ARCTIC COLD.—A French journal recently reproduced a paper read this year by Payer before the Geographical Society of Vienna "On the Influence of Arctic

Cold," a few extracts from which are quite interesting. The author started on March 14, 1874, on a sledge, to make fresh observations on hitherto untrodden ice-fields. The cold on that day was 42° (Réaumur) below zero. After a time the spirit ration became as thick as oil, and lost its stimulating properties. It was impossible to smoke. Cigars and tobacco were turned into ice. Pieces of metal which the travelers had with them had the same effect when touched as red-hot iron. Great cerebral disturbance took place, accompanied with extreme thirst, difficult to assuage. Every noise was transmitted to a great distance. The senses of taste and smell were almost in abeyance. Mercury could be made into balls. The secretions were augmented, while perspiration entirely ceased. Lieut. Payer is known as an explorer of the highest veracity. (The Medical Record.)

HOW THEY WEAN CHILDREN IN CHINA.—"At the age of two or three years take three of the fruits of the *Gardenia florida* and burn them black, add vermilion and a very little calomel, throw in some oil, and then paint over the eyebrows of the child during sleep, and when it awakes it will refuse the breast. If, however, this should prove ineffective, then paint the breast with Indian ink, and the child when it sees it will be afraid, and will refuse the breast." The Indian-ink method would n't frighten little darkies much.

TO REMOVE STAINS PRODUCED BY THE NITRATE OF SILVER. A few centigrammes of metallic iodine are placed in a saucer, to which a few drops of ammonia are added; then by means of a brush, or simply with the finger, the solution is applied to the stains. However old or extensive the stains may be, they disappear immediately. It is important to destroy the mixture afterward, since it is nothing more or less than the iodide of nitrogen, which when dry is an explosive body. This procedure is decidedly superior and more prompt in its

action than the application of a solution of iodine or of the cyanide of potassium, without possessing the disadvantages of the latter. (*L'Abeille Médicale*.—*Le Bordeaux Médicale*.)

ANTISEPTIC EFFECT OF BENZOIC AND SALICYLIC ACIDS.—Prof. E. Salkowski, of Berlin (*Klin. Wochenschrift*), has been making a series of researches with different disinfectants, and particularly with the two above mentioned. The result was markedly in favor of the benzoic acid, whose antiseptic properties were shown to be decidedly greater than those of salicylic acid. The result is quite opposed to that obtained by Kolbe in his recent but very well-known researches. Prof. S. thinks the reason of this lies in the different qualities of benzoic acid used. Benzoic acid obtained from balsam has a quite different odor from that obtained from urine, and may, it is likely, have a different effect. Whether or not this may be the reason, the fact of the superiority of benzoic to salicylic, as well as the superiority in cheapness of the former, renders its thorough trial very desirable. (*Medical Times*.)

CALIFORNIA BORAX.—The *Alta Californian* says, "The great borax lake will afford a very large business. Very extensive works are now nearly completed for the refining and purifying of this borax for shipment. Millions of tons of crude borax are in sight in this immense deposit. Stimulated by the action of the railroad company, the borax company have put up large works, and will soon be prepared to turn out from twenty-five to fifty tons of pure borax per day. This will add largely to the freights of the railroad. The deposit of borax is simply unlimited. It covers an area of eighteen miles in length by six to eight miles in width, covered with crude borax from three to five feet thick. The crude material will average from twenty to forty per cent. Ten thousand men would not take out the deposit in fifty years, and it is constantly increasing." In accepting the above account it is necessary

to make due allowance for the enthusiasm of the journal, which thinks there is nothing small in its state. (Paint and Drug Circular.)

PERSEVERANCE REWARDED.—A Texas newspaper asks us to believe that Mr. Hugo Byer committed an elaborate suicide in the following manner, from which it would appear that Texas poisons are much like "western calomel:" "On the 19th he took two ounces of laudanum; on the 20th he swallowed another two ounces of laudanum and three ounces of chloroform; on the 21st he partook of two ounces of chloroform and one third of an ounce of morphia; on the 22d he took four ounces of chloroform, and on the 23d he drank two ounces of chloroform and one ounce of chloral. Still he lived until the 25th, when, in spite of the innocuous type of the poisons dispensed by the Texas drug-stores, he was still dragging out his existence. So much perseverance, however, must ultimately lead to results, and we are not surprised to learn that death at last closed 'this strange, eventful history.'" (New Remedies.)

DEATH OF PROF. HUGHES BENNETT.—We have the great pain to announce the death of Prof. Hughes Bennett, of the University of Edinburgh. The wearing illness under which Dr. Bennett has suffered for some time has been known to most of his professional brethren; the touching fortitude with which he endured those sufferings, the brave determination with which he nerved himself to the last to the fulfillment of professional studies; and the force and vigor which animated his attenuated features when detailing the last great work which he directed, the "Report of the Edinburgh Committee of the British Medical Association on the Antagonism of Medicines," fitly crowned the life of a man remarkable beyond any of his fellows for unflinching devotion to science, courageous defense of his personal and scientific convictions,

unsparing denunciation of what he believed to be error, and resolute furtherance of the objects which he believed to be good for the university, the profession, and the science which he loved so much. He died from the after-effects of lithotomy on a system weakened by constitutional disease. He bore himself nobly during life, and he faced death with courage, resignation, and faith. We shall next week endeavor to do justice to the life, works, and character of this distinguished physician and biologist.

The remarkable success with which Dr. Hughes Bennett has, under circumstances which called for the display of courage, judgment, and energy, twice carved out for himself a successful and useful career, recalls a *mot* of the late Dr. Henry Wright, a friend and pupil. Referring to his singular tact, energy, and judgment, Henry Wright used to say that "if Bennett were stranded on an iceberg in the Arctic Ocean, he would infallibly create for himself a career among the whales, and end his life as consulting physician to the north pole and director of a sanitarium at the equator." (*British Medical Journal*.)

DR. EDWARD WARREN.—It will be remembered by our readers that Dr. Edward Warren, of Baltimore, left this country some three years since to serve in the army of the khedive of Egypt. Just as he had reached the highest position in that service, the office of surgeon-general of the Egyptian army, he was attacked with ophthalmia of a malignant form. After combating it by every possible means in Cairo, he was finally compelled to go to Paris for treatment, after six months of which he is now left with one eye permanently enfeebled, while the oculists declare that if he returns to Egypt the right eye will be compromised and lost. He has accordingly obtained an authorization to practice in France, and is, we understand, already in a fair way to become a popular practitioner in Paris. (*Boston Journal*.)

PATENT MEDICINES.—During the past few years the South and West have been flooded by the advertisements of a so-called Dr. Pierce, and from the sale of his "favorite prescription" and "golden discovery" a tide of wealth has flowed into his pockets. We give the following formulas from an analysis made by Hager:

DR. PIERCE'S FAVORITE REMEDY.

| <i>Grammes.</i> | | <i>Grammes.</i> | |
|------------------------|-----|---------------------------|------------|
| Savin, | 10 | Sugar, | 5 |
| Agaric, | 5 | Tinct. digitalis, | 2 |
| Cinnamon, | 5 | Tinct. opium, | 2 |
| Peruvian bark, | 10 | Alcohol, | 25 |
| Boil with water to . . | 220 | Oil anise, | gtts. viij |
| Add gum arabic, . . . | 10 | | M. |

DR. PIERCE'S GOLDEN DISCOVERY.

| <i>Grammes.</i> | | <i>Grammes.</i> | |
|-------------------------|----|-------------------------|-----|
| Honey, | 15 | Alcohol (64 p. c.), . . | 100 |
| Lactucarium, | 1 | Water, | 105 |
| Tinct. opium, | 2 | | M. |

INTERNATIONAL MEDICAL CONGRESS.—The medical societies of Philadelphia, animated by a just spirit of patriotism and an earnest desire to unite with their fellow-citizens in celebrating the centennial birthday of American independence, have taken the initiatory steps for the formation of an international medical congress by the appointment of delegates from their respective bodies, who were empowered to organize and perfect a scheme for the above purpose. In accordance with the authority thus given the delegation has organized the Centennial Medical Commission, with the following officers:

President—Samuel D. Gross, M. D., LL. D., D. C. L., Oxon.; *Vice-presidents*—W. S. W. Ruschenberger, M. D., U. S. N.; Alfred Stillé, M. D.; *Recording Secretary*—William B. Atkinson, M. D.; *American Corresponding Secretaries*—Daniel G. Brinton, M. D.; Wm. Goodell, M. D.; *Foreign Corresponding Secretaries*—Richard J. Dunglison, M. D.; R. M. Bertolet, M. D.; *Treasurer*—Caspar Wister M. D.

Arrangements have been made for the holding of the congress in the city of Philadelphia, to begin on the 4th and to terminate on the 9th of September, 1876. The commission propose the following general plan for the organization and business of the congress:

I. The congress shall consist of delegates, American and foreign; the former representing the American Medical Association and the state and territorial medical societies of the Union, the latter the principal medical societies of other countries.

II. The officers shall consist of a president, ten vice-presidents, four secretaries, a treasurer, and a committee of publication, to be elected by the congress at its first session, on the report of a committee of nomination.

III. The morning sessions of the congress shall be devoted to general business and the reading of discourses; the afternoons to the meetings of the sections, of which there shall be nine, namely: 1. Medicine, including Pathology, Pathological Anatomy, and Therapeutics; 2. Biology, including Anatomy, Histology, Physiology, and Microscopy; 3. Surgery; 4. Dermatology and Syphilology; 5. Obstetrics and Diseases of Women and Children; 6. Chemistry, Toxicology, and Medical Jurisprudence; 7. Sanitary Science, including Hygiene and Medical Statistics; 8. Ophthalmology and Otology; 9. Mental Diseases.

IV. The language of the congress shall be the English, but not to the exclusion of any other language in which members may be able to express themselves more fluently.

Gentlemen intending to make communications upon scientific subjects will please notify the commission at the earliest practicable date, in order that places may be assigned them on the programme.

In order to impart to the congress a thoroughly international character invitations to send delegates will be extended to all the prominent medical societies in Europe, Mexico, the British Dominions, Central and South America, the Sandwich Islands, the East and West Indies, Australia, China, and Japan. Invitations will also be tendered to medical gentlemen of high

scientific position, and distinguished visitors may be admitted to membership by a vote of the congress.

Among the advantages arising from such a convocation as this not the least important will be the opportunity afforded its members for the interchange of friendly greetings, the formation of new acquaintances, and the renewal and cementing of old friendships. The Centennial Medical Commission tender in advance to their brethren in all parts of the world a cordial welcome and a generous hospitality during their sojourn in the "Centennial City."

The congress will be formally opened at noon on Monday, the 4th day of September, 1876. The registration-book will be open daily from Thursday, August 31st, from twelve to three o'clock P. M., in the hall of the College of Physicians, north-east corner of Thirteenth and Locust streets. Credentials must in every case be presented. Gentlemen attending the congress can have their correspondence directed to the care of the College of Physicians of Philadelphia, north-east corner of Locust and Thirteenth streets, Philadelphia, Pa.

There is every reason to believe that there will be ample hotel accommodation for all strangers visiting Philadelphia in 1876. Further information may be obtained by addressing the corresponding secretaries. All communications must be addressed to the appropriate secretaries. *Recording Secretary*—William B. Atkinson, 1400 Pine Street, Philadelphia; *American Corresponding Secretaries*—Daniel C. Brinton, 2027 Arch Street; Wm. Goodell, Twentieth and Hamilton streets; *Foreign Corresponding Secretaries*—Richard J. Dunglison, 814 north Sixteenth Street; R. M. Bertolet, 113 south Broad Street.

Executive Committees for the States—R. D. Arnold, Savannah, Ga.; H. F. Askew, Wilmington, Del.; William O. Baldwin, Montgomery, Ala.; Fordyce Barker, New York; Surg.-Gen. J. K. Barnes, U. S. A.; Roberts Bartholow, Cincinnati, Ohio; Robert Battey, Rome, Ga.; Surg.-Gen. Joseph Beale, U. S. N.; S. M. Bemiss, New

Orleans, La.; Henry J. Bigelow, Boston, Mass.; John J. Black, New Castle, Del.; H. I. Bowditch, Boston, Mass.; W. K. Bowling, Nashville, Tenn.; Gurdon Buck, New York; F. J. Bumstead, New York; S. Dickson Bruns, New Orleans, La.; S. C. Busey, Washington, D. C.; J. L. Cabell, University of Virginia, Va.; E. T. Caswell, Providence, R. I.; Edward H. Clarke, Boston, Mass.; P. S. Conner, Cincinnati, Ohio; A. B. Crosby, Concord, N. H.; N. S. Davis, Chicago, Ill.; L. A. Dugas, Augusta, Ga.; Calvin Ellis, Boston, Mass.; C. M. Ellis, Elkton, Md.; Wm. Elmer, Bridgeton, N. J.; Paul F. Eve, Nashville, Tenn.; Austin Flint, New York; E. Geddings, Charleston, S. C.; R. W. Gibbes, Columbia, S. C.; Henry Gibbons, San Francisco, Cal.; Wm. A. Gott, Viroqua, Wis.; John Green, St. Louis, Mo.; Traill Green, Easton, Pa.; Wm. W. Greene, Portland, Me; Moses Gunn, Chicago, Ill.; R. C. Hewett, Louisville, Ky.; P. E. Hines, Raleigh, N. C.; J. T. Hodgen, St. Louis, Mo.; Edgar Holden, Newark, N. J.; Stephen G. Hubbard, New Haven, Conn.; J. C. Hupp, Wheeling, W. Va.; J. C. Hutchison, Brooklyn, N. Y.; C. L. Ives, New Haven, Conn.; J. D. Jackson, Danville, Ky.; Christopher Johnston, Baltimore, Md.; Wirt Johnson, Jackson, Miss.; L. S. Joynes, Richmond, Va.; R. C. Kedzie, Lansing, Mich.; F. D. Lente, Palatka, Fla.; Thos. M. Logan, Sacramento, Cal.; Claudius H. Mastin, Mobile, Ala.; Theo. McGraw, Detroit, Mich.; Hunter McGuire, Winchester, Va.; Geo. W. Mears, Indianapolis, Ind.; R. D. Murray, Key West, Fla.; W. A. B. Norcom, Edenton, N. C.; Theophilus Parvin, Indianapolis, Ind.; A. M. Pollock, Pittsburg, Pa.; F. Peyre Porcher, Charleston, S. C.; Isaac G. Porter, New London, Conn.; A. C. Post, New York; David Prince, Jacksonville, Ill.; J. C. Reeve, Dayton, Ohio; J. E. Reeves, Wheeling, W. Va.; T. G. Richardson, New Orleans, La.; A. Sager, Ann Arbor, Mich.; Chas. E. Smith, St. Paul, Minn.; Nathan R. Smith, Baltimore, Md.; Stephen Smith, New York; E. M. Snow, Providence, R. I.; J. L. Stewart, Erie, Pa.; D. Humphreys Storer, Boston, Mass.; Absalom B. Stuart, Winona, Minn.; J. M. Taylor, Corinth, Miss.; J. L. Teed, Kansas City, Mo.; J. M. Toner, Washington, D. C.; Theodore R. Varick, Jersey City, N. J.; Wm. R. Whitehead, Denver, Col.; J. M. Woodworth, U. S. Marine Hospital Service; D. W. Yandell, Louisville, Ky.

CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal.

It contains the important constituents of *Peruvian Bark*, Quinia, Quinidia, Cinchonina and Cinchonidia, in their alkaloidal condition, and no external agents.

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain quinine, quaidine, cinchonine, and cinchonidine."

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for quinine, quaidine, and cinchonine, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain quinine, quaidine, cinchonine, and cinchonidine."

S. P. SHARPLES, State Assayer of Mass.

In no other form are combined the important alkaloidal principles of Bark, so as to be accessible to medical gentlemen.

It is found Quinidia, which is believed to be a better anti-ferretic than Quinia; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight and not unpleasant in the most sensitive, delicate woman or child.

3d. It is less costly; the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middleburg, Pa.,

April 13, 1875.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your Cincho-Quinine in place of Quinine, and have never been disappointed in my expectations.

JNO. Y. SHINDLER, M.D.



Gentle:—It may be of some satisfaction to you to know that I have used the alkaloid for two years, or nearly, in my practice, and I have found it reliable, and all I think that you claim for it. For children and those of irritable stomachs, as well as those too easily quinineized by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

Yours, with due regard,

J. R. TAYLOR, M.D., ROSS, TEXAS.

I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

D. H. CASS, M.D., Louisville, Ky.

I have used the CINCHO-QUININE ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the Sulphate, and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus lose no time.

W. E. SCHWETZ, M.D., Pekin, Ill.

I am using CINCHO-QUININE, and find it to act as reliably and efficiently as the Sulphate.

In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

W. C. SCHWETZ, M.D.,

Marengo, Iowa.

CINCHO-QUININE in my practice has given the best of results, being in my estimation far superior to Sulphate of Quinine, and has many advantages over the Sulphate. G. INGALLS, M.D.,

Northampton, Mass.

Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

D. MACKAY, M.D., Dallas, Texas.

We will send a sample package for trial, containing fifty grains of CINCHO-QUININE, on receipt of twenty-five cents, or one ounce upon the receipt of one dollar and sixty cents, post paid. Special prices given for orders amounting to one hundred ounces and upwards.

WE MANUFACTURE CHEMICALLY PURE SALTS OF

Arsenic, Antimony, Barium, Bromine, Bismuth, Cerium, Calcium, Copper, Gold, Iodine, Iron, Lead, Manganese, Mercury, Nickel, Phosphorus, Potassium, Silver, Sodium, Tin, Zinc, etc.

Price List and Descriptive Catalogue furnished upon application.

BILLINGS, CLAPP & CO., Manufacturing Chemists,

(SUCCESSORS TO JAS. R. NICHOLS & CO.)

BOSTON, MASS.



FIG. 1 represents apparatus outside on the left foot, with a movable pad to use more or less pressure over the arch of the metatarsal bones.

FIG. 2 represents apparatus applied with the extension made, and the ball of the big toe resting against the metal plate.

FIG. 3 represents apparatus turned in shape to receive the foot, after which turn the key and reverse back to a bearing shape.

This shoe gives ample facilities to manipulate the foot gradually from the slightest turn to the heaviest lever, and at the same time obviates all former difficulties experienced from straps, either by buckling too tight or too loose. Should extension for tendo-achillis be necessary, if mentioned, the usual rubber cords will be attached.

CUT THIS OUT AND SEND IT.

The following measures are required for the steel work:

| | INCHES. |
|--|---------|
| Length from sole to center of ankle..... | |
| Length from sole to garter..... | |
| Circumference of calf..... | |
| Circumference of ankle..... | |
| Right or left foot, or both. | |

The other measure for the shoe only may be taken by a shoemaker; as,

| | |
|----------------------------------|--|
| Length of foot..... | |
| Circumference around toes..... | |
| Circumference around instep..... | |
| Circumference over heel..... | |
| Circumference above ankle..... | |

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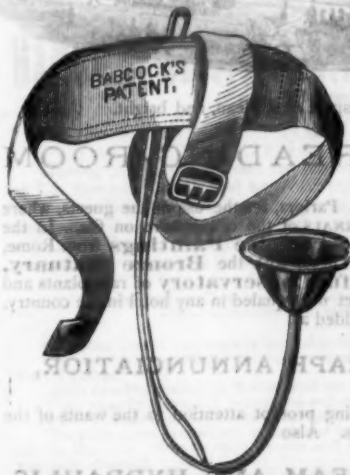
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Dr. L. A. BABCOCK'S SILVER UTERINE SUPPORTER

For the cure of Prolapsus, Retroversion, and Anteversion. Warranted
a Radical Cure. Price to Physicians, \$12.50.



Dr. L. A. Babcock's SILVER UTERINE SUPPORTER, for the cure of Prolapsus, Retroversion and Anteversion. Warranted a radical cure. Price, \$25.00.

would like to see the thing extensively used, for it supplies a want long felt.

No. 49-17

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We would respectfully call the attention of the profession to Dr. L. A. BABCOCK's improvement in Uterine Supporters. These instruments derive their support from an external brace, and are destined to entirely supersede the old-fashioned, uncomfortable and useless pessary. They are easily adjusted, and so comfortable and advantageous to the wearer that patients who have long been confined to their beds or rooms with uterine difficulties express themselves as having "gotten into a new world" upon having a supporter applied. We speak thus positively of these instruments because we have thoroughly tested them.

DRS. CURTIS & McMAHAN

DUBUQUE, IOWA.

DEAR SIR: Yours, with instructions, to hand. I speak as a lecturer on obstetrics and a physician of large experience in the treatment of uterine diseases, when I say that the more I become familiar with your invention the more valuable it appears to me; and I

EDWARD A. GILBERT, M. D.



This Hotel is in every respect new, clean, and bright.

AN ELEGANT READING-ROOM

Between the Ladies' and Gentlemen's Parlors, for the use of the guests, where over **THIRTY OF THE LEADING JOURNALS** of the country are on file. In the parlors and around the rotunda are placed **Choice Paintings** from Rome, Florence, Venice, and Switzerland. These, with the **Bronze Statuary**, **Elegant Mirrors**, and **Beautiful Conservatory** of rare plants and flowers in the rotunda, produce an effect not equaled in any hotel in the country. To the other improvements has been added a

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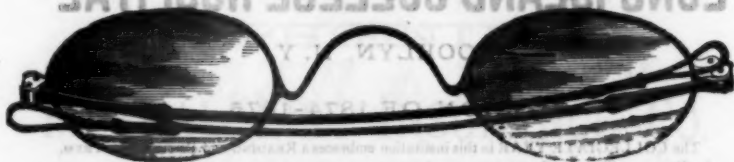
Connected with each room, thus insuring prompt attention to the wants of the guests. Also

TWO ELEVATORS, STEAM AND HYDRAULIC,

Thus combining every possible advantage known to the business.

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Save Your Eyes!



Our PEBBLE SPECTACLES AND EYE-GLASSES

Are the BEST for failing sight. They are perfectly transparent, will cut glass like a diamond (and therefore can not become scratched), and last longer than the best glass.

Gold, Silver, Steel, and Rubber Eye-Glasses and Spectacles to suit any eye; also Tinted, Smoke, or Colored Spectacles and Eye-protectors.

OUR BIFOCAL SPECTACLES

Are made for persons who need spectacles to see far off as well as near by, only one pair being required.

EYE-GLASSES AND SPECTACLES

Made to order and repaired in the best manner, and new glasses inserted in old frames.

Illustrated Priced Catalogue showing how to order sent free to any address.

C. P. BARNES & BRO., Opticians.

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No. 224 Main Street, between Sixth and Seventh, Louisville, Ky.

HANBURY SMITH'S MINERAL SPRING WATERS

ESTABLISHED 1855.

NOTICE.

NEW YORK, MARCH 2, 1870.

Having carefully examined the improved processes adopted in the laboratory of Dr. Hanbury Smith, and analyzed samples of the MINERAL SPRING WATERS which he offers for sale, I am prepared to testify that the Waters are manufactured with the most intelligent and conscientious care, and are every way reliable substitutes for the natural waters. The public estimation in which Dr. Smith's preparations are held is thus amply justified by my investigations and analyses.

CHARLES A. SEELY,

Late Prof. of Chemistry and Toxicology in the New York Medical College,
and of Chemistry and Metallurgy in the New York College of Dentistry.

The attention of the trade is invited to the following facts:
Dr. Smith's waters were the first ever placed in the market on a large scale in the United States.

Their excellence created the demand for such goods, and made the business wholesale.

They exactly represent the natural waters, producing identical medicinal effects.

Their indisputable superiority has made them more popular than any other.

They are more extensively prescribed in daily practice, and used by physicians themselves, than any other—a spontaneous and emphatic indorsement, certainly not surreptitiously obtained.

They are the only waters sold on draught by Hegeman & Co., Caswell, Hazard & Co., and the other leading druggists of New York and the neighboring cities.

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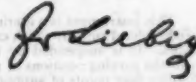
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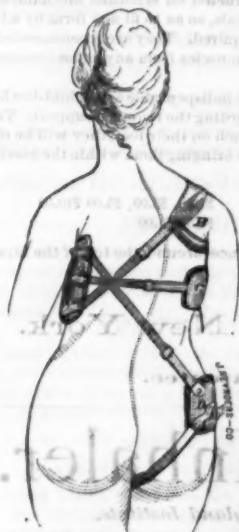
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Jan. 10, 1865.

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Medical and Surgical Reporter :

About two years ago my attention was attracted to an article published in the proceedings of the State Medical Society, relative to a remarkable cure, effected by Warner's Iodoform and Iron Pills. Since then I have used them in my practice, prescribing them in all cases of chronic ulceration with excellent results. In one or two old cases, in which all the usual remedies of the *Materia Medica* had been used without any good results, the use of these Pills produced rapid improvement, pain disappearing, granulations becoming abundant and healthy, and sores healing up, leaving the patients in excellent health. I have faith in their curing almost any case of ulceration. A young friend of mine here was operated on by Dr. Agnew, of Philadelphia, for Necrosis, with great success, the wounds healing rapidly while the patient followed the advice of the doctor, but becoming careless, and after exposing himself to cold, and in several cases accidentally bruising the leg, an apparent new inflammation was set up. The bone commenced to thicken, and finally presented a rough, spongy appearance. During this time, by the advice of his physician, the old dressing was applied, and such constitutional treatment instituted as the nature of the case suggested, but no improvement manifested itself, the sore remaining stationary and painful, and after nine months of apparent useless efforts, the young man came to me, almost despairing. I hemmed up the edges of the sores, applied a weak solution of carbolic acid to them, ordered a simple dressing of citrine ointment and simple cerate, and gave the patient sixty Iodoform et Ferri pills, (Warner's) ordering him to take one, two or three, alternating doses as he pleased, so that he would take five or six pills a day. The improvement was rapid; he gained flesh in an astonishing degree; absorption in the bone was very marked; the sore closed up, and, at the end of ten days, when the pills were taken, the surface, which had extended two inches ten days before, was now less than one inch. I ordered him one hundred of these pills, to continue treatment as before. The young man is now enjoying vigorous health; his leg is healed, free from pain, and he feels grateful, and says he never felt better.

I have on several occasions in scrofulous cases, with hereditary lung taints, prescribed the pills of Iodoform et Ferri, and am satisfied that they have, at least for the time being, arrested the disease. In incipient Phtisis, I believe these pills should be tried.

Clearfield, Pa., February, 1870.

T. JEFF BOYER, M. D.

Ets. Med. and Surg. Reporter, Philada.

I was called in March, 1866, to see Mrs. V., set. 40 years; been married 18 years; never conceived; catamenia easy and regular; general health, appetite and appearance good; stated that she had, sometime since, in attempting to raise a jar of milk from the floor, been suddenly attacked with an acute pain in the left leg, extending along the course of the sciatic nerve, even to the extremity of the toes.

When first attacked, an "Eclectic" practitioner was called to the case, and by the way a clever man and a gentleman. He of course pronounced her case amenable to treatment, but to his disappointment, after treating the case nearly two months, and exhausting not only his skill, but his whole *armamentarium medicum*, without the least benefit to the patient, honestly advised her to try some other physician.

Her husband then called me to see her, stating, however, that he wished me not to take the case, unless I felt confident that I could relieve her, as he regarded her case as incurable, and, of course, did not wish to expend time and money without a prospect of benefitting her.

I examined the case carefully; found her general health good; no catamenial or discernible uterine derangement; complained of nothing whatever, except this intolerable neuralgic pain, unaccompanied with heat, swelling or discoloration. She had been confined to bed two months. I told her and her husband that I was confident I could give her relief, thinking at the time I could readily relieve her with iron, quinine, belladonna, arsenic, counter-irritation, etc. Here I was also disappointed. I treated the case two months, exhausting everything at my command adapted to the indications, viz: The bromides, iodides, arsenic, strychnia, belladonna, hyoscyamus, iron, quinia, opium, valerian, alectris far., counter-irritation, hypodermic injections of morphia, atropia, &c., without the slightest amelioration of symptoms.

About this "juncture of the moment" I became somewhat discouraged; so did the patient and husband. Just about that time I read an article in the *Reporter*, from the pen of Dr. Stiles Kennedy (if I am not mistaken), who stated that he had treated a similar case with "Iodoform et Ferri," successfully.

Hence, I told her husband that I was not willing to submit the case without another trial. I immediately ordered the Pill, Iodoform et Ferri, from Wm. R. Warner & Co., in your city, and commenced giving them *two ter die*. In seven days the pain was gone, and she resumed her household duties, cooking, washing, etc., after four months' confinement to bed.

She calls them her "magic pills." She remained well until January, 1868, when the disease threatened to return; a few of the same pills, however, soon relieved her, and she is still in good health.

Iodoform is invaluable in all nervous, hysterical, neuralgic, rheumatic and cutaneous diseases.

I have written this above expressly to call the attention of the profession to this drug. Would like to hear the views of those who have any experimental knowledge of its therapeutic properties.

Very respectfully,

A. L. HAMILTON, M. D.

Keweenaw, Tenn., Dec. 18, 1868.

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OF THE

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1875--1876.

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A Practical School will be opened, under the direction of the Faculty of the College, on the first Monday in October, and will be kept open during the lecture season on three days—Monday, Wednesday, and Friday—in each week, from 2 to 5 o'clock P. M.

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110th ANNUAL SESSION, 1875-76.

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Demonstrator of Anatomy, H. LEWIS HODGE, M.D.; of Surgery, CHAS. T. HUNTER, M.D.; of Practical Chemistry, GEO. M. WARD, M.D.; of Experimental Physiology, ISAAC OTT, M.D.

Clinical Instruction is given at the University Hospital as follows: Surgery, Profs. AGNEW and J. NEILL; Medicine, Prof. PEPPER; Diseases of Women and Children, Prof. GOODELL; Diseases of the Eye, Prof. NORRIS; Diseases of the Ear, Prof. STRAWBRIDGE; Nervous Diseases, Prof. H. C. WOOD, Jr.; Skin Diseases, Prof. L. A. DUNKING; Morbid Anatomy and Histology, Prof. J. TYSON.

The Philadelphia Hospital also is contiguous to the University, and its Clinical Lectures are free to all medical students. Students may be examined on the elementary branches at the end of the second course, and, if approved, may devote themselves during their third course to the applied branches only.

During the spring and summer Lectures on Zoology and Comparative Anatomy, Botany, Hygiene, Medical Jurisprudence and Toxicology, and Geology are delivered by Profs. ALLEN, WOOD, HARTSHORNE, REESE, and HOWELL, of the Auxiliary Faculty, and are free to matriculants of the Medical Department.

The Lectures of 1875-76 will commence on Monday, October 4th, and end on the last day of February ensuing.

FEES.—For one full Course, \$140; or for each Professor's Ticket separately, \$50; Matriculation Fee (paid once only), \$5. These fees are payable in advance. Graduation Fee, \$30.

Letters of inquiry should be addressed to

ROBERT E. ROGERS, M.D., Dean,

P. O. Box 2838, Philadelphia.

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ELMOND SOUCHON, M.D., and ALBERT B. MILES, Demonstrators of Anatomy.

The next annual course of instruction in this Department (now in the forty-second year of its existence) will commence on Monday, the 15th day of November, 1875, and terminate on Saturday, the 13th day of March, 1876. Preliminary Lectures on Clinical Medicine and Surgery will be delivered in the amphitheater of the Charity Hospital, beginning on the 20th of October, without any charge to students.

The means of teaching now at the command of the Faculty are unsurpassed in the United States. Special attention is called to the opportunities presented for

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The Act establishing the University of Louisiana gives the Professors of the Medical Department the use of the great Charity Hospital as a school of practical instruction.

The Charity Hospital contains nearly seven hundred beds, and received during the last year nearly six thousand patients. Its advantages for professional study are unsurpassed by any similar institution in this country. The Medical, Surgical, and Obstetrical Wards are visited by the respective Professors in charge daily, from eight to ten o'clock A. M., at which time all the students are expected to attend, and familiarize themselves, *at the bedside of the patients*, with the diagnosis and treatment of all forms of injury and disease.

The regular lectures at the Hospital—on Clinical Medicine by Profs. Bemiss and Joseph Jones, Surgery by Profs. Richardson and Logan, Diseases of Women and Children by Prof. Hawthorn, and Special Pathological Anatomy by Prof. Chaille—will be delivered in the amphitheater on Monday, Wednesday, Thursday, and Saturday, from ten to twelve o'clock A. M.

The Administrators of the Hospital elect annually *twelve resident students*, who are maintained by the Institution.

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| Matriculation Fee | 5 00 |
| Graduation Fee | 30 00 |

Graduates of other recognized schools may attend all the Lectures upon payment of the Matriculation Fee, but they will not be admitted as candidates for the Diploma of the University except upon the terms required of Second-course Students. All fees are payable in advance.

For further information address

T. G. RICHARDSON, M.D., Dean.

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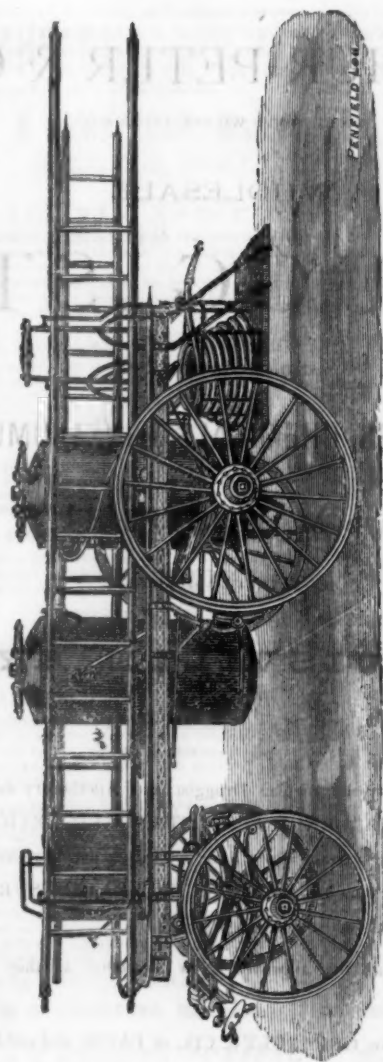
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A. N. BELL, M. D., Editor of The Sanitarian,

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MEDICAL DEPARTMENT.

SPRING AND SUMMER SESSION OF 1875.

The Spring and Summer Session of 1875 in the Medical Department of the University of Louisville will commence on March 8th and continue till July 1st, with the following

CORPS OF INSTRUCTORS.

| | |
|---|-----------------------------|
| On Venereal Diseases and Diseases of the Skin, | BY PROF. L. P. YANDELL, JR. |
| On Ophthalmic and Aural Diseases, | BY PROF. J. M. BODINE. |
| On Clinical Diseases of the Chest and Physiology, | BY PROF. E. R. PALMER. |
| On Public Hygiene, | BY PROF. T. S. BELL. |
| On Clinical Diseases of Women, | BY PROF. JOHN E. CROWE. |
| On Clinical Surgery, | BY PROF. D. W. YANDELL. |
| On Materia Medica, | BY PROF. J. W. HOLLAND. |
| On Surgery, | BY PROF. R. O. COWLING. |
| On Practice of Medicine, | BY DR. W. O. ROBERTS. |
| On Anatomy, | BY DR. H. A. COTTELL. |
| On Chemistry, | BY DR. G. H. ANDERSON. |
| On Obstetrics, | BY DR. W. H. LONG. |

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION** and **RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the **MUSEUM, LIBRARY, and APPARATUS** of the University will be used.

Examinations and Clinical Instruction.—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of SS. Mary and Elizabeth. From these sources an inexhaustible supply of clinical material is obtained.

Prof. D. W. YANDELL holds his regular Surgical Clinic twice a week at the University, and from time to time at the SS. Mary and Elizabeth Hospital; Prof. JOHN E. CROWE twice a week at the University upon the Diseases of Women; Prof. L. P. YANDELL, Jr., twice a week at the University upon Clinical Medicine; Prof. BODINE twice a week at the University upon Diseases of the Eye and Ear; Prof. PALMER twice a week at the University upon Diseases of the Heart and Lungs; Prof. COWLING twice a week at the City Hospital upon Surgery; and Prof. HOLLAND twice a week at the City Hospital on Medicine.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the Medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

The Fee for the full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

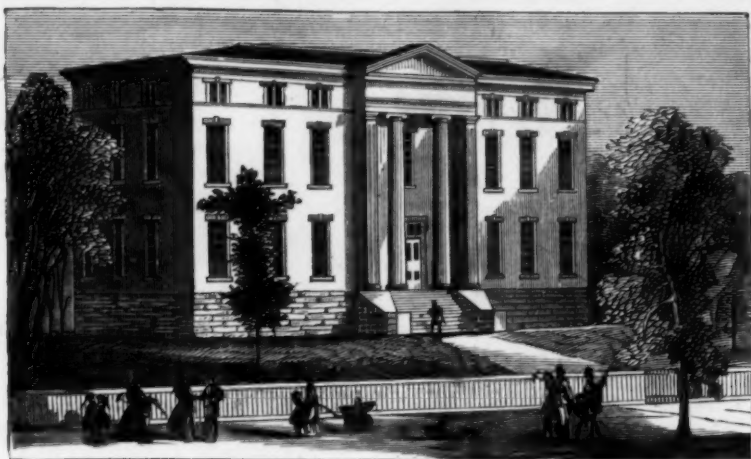
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| D. W. YANDELL, M. D..... | { Prof. of the Science and Art of Surgery and Clinical Surgery. |
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J. M. BODINE, M. D., Dean of Faculty.

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UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested **CINCHO-QUININE**, and have found it to contain *guinine, quinine, cinchonine, and cinchonidine*."

F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of **CINCHO-QUININE**, and by direction I made a qualitative examination for *guinine, quinine, and cinchonine*, and hereby certify that I found these alkaloids in **CINCHO-QUININE**."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your **CINCHO-QUININE**, and find it to contain *guinine, quinine, cinchonine, and cinchonidine*."

S. P. SHARPLES, State Assayer of Mass.

In no other form are combined the important alkaloidal principles of Bark, so as to be accessible to medical gentlemen.

It is found Quinidia, which is believed to be a better anti-periodic than Quinia; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is *low cost*: the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middleburg, Pa.

April 13, 1875.

Gentlemen: I cannot refrain from giving you my testimony regarding **CINCHO-QUININE**.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your **CINCHO-QUININE** in place of Quinine, and have never been disappointed in my expectations.

JNO. Y. SHIDEL, M.D.



Gents: It may be of some satisfaction to you to know that I have used the alkaloid for two years, or nearly, in my practice, and I have found it reliable, and all I think that you claim for it. For children and those of irritable stomachs, as well as those too easily quinineized by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

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J. R. TAYLOR, M.D., Kosse, Texas.

I have used your **CINCHO-QUININE** exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

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FIG. 1 represents apparatus outside on the left foot, with a movable pad to use more or less pressure over the arch of the metatarsal bones.

FIG. 2 represents apparatus applied with the extension made, and the ball of the big toe resting against the metal plate.

FIG. 3 represents apparatus turned in shape to receive the foot, after which turn the key and reverse back to a bearing shape.

This shoe gives ample facilities to manipulate the foot gradually from the slightest turn to the heaviest lever, and at the same time obviates all former difficulties experienced from straps, either by buckling too tight or too loose. Should extension for tendo-achillis be necessary, if mentioned, the usual rubber cords will be attached.

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 Circumference of calf.....
 Circumference of ankle.....
 Right or left foot, or both.

The other measure for the shoe only may be taken by a shoemaker; as,

Length of foot.....
 Circumference around toes.....
 Circumference around instep.....
 Circumference over heel.....
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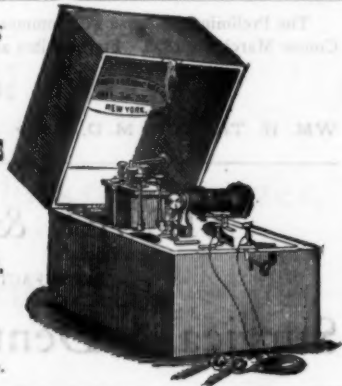
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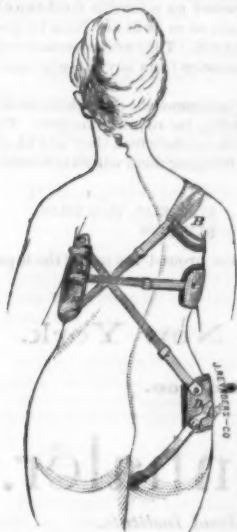
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EMILE SCHEFFER.....Prof. of Materia Medica and Botany.

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FEES.—Matriculation, \$5.00 ; Professor's Tickets, each, \$10.00 ; Graduation Fee, \$10.00.

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A Practical School will be opened, under the direction of the Faculty of the College, on the first Monday in October, and will be kept open during the lecture season on three days—Monday, Wednesday, and Friday—in each week, from 2 to 5 o'clock P. M.

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110th ANNUAL SESSION, 1875-76.

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JOSEPH CARSON, M.D., Professor of Materia Medica and Pharmacy; ROBERT E. ROGERS, M.D., Professor of Chemistry; JOSEPH LEIDY, M.D., LL.D., Professor of Anatomy; FRANCIS G. SMITH, M.D., Professor of Institutes of Medicine; R. A. F. FENROSE, M.D., Professor of Obstetrics and Diseases of Women and Children; ALFRED STILLE, M.D., Professor of Theory and Practice of Medicine and Clinical Medicine; D. HAYES AGNEW, M.D., LL.D., Professor of Surgery.

Demonstrator of Anatomy, H. LENOX HODGE, M.D.; of Surgery, CHAS. T. HUNTER, M.D.; of Practical Chemistry, GEO. M. WARD, M.D.; of Experimental Physiology, ISAAC OTT, M.D.

Clinical Instruction is given at the University Hospital as follows: Surgery, Profs. AGNEW and J. NEILL; Medicine, Prof. PEPPER; Diseases of Women and Children, Prof. GOODELL; Diseases of the Eye, Prof. NORRIS; Diseases of the Ear, Prof. STRAWBRIDGE; Nervous Diseases, Prof. H. C. WOOD, Jr.; Skin Diseases, Prof. L. A. DUNNING; Morbid Anatomy and Histology, Prof. J. TYSON.

The Philadelphia Hospital also is contiguous to the University, and its Clinical Lectures are free to all medical students. Students may be examined on the elementary branches at the end of the second course, and, if approved, may devote themselves during their third course to the applied branches only.

During the spring and summer Lectures on Zoology and Comparative Anatomy, Botany, Hygiene, Medical Jurisprudence and Toxicology, and Geology are delivered by Profs. ALLEN, WOOD, HARTSHORNE, KEENE, and HOWELL, of the Auxiliary Faculty, and are free to matriculants of the Medical Department.

The Lectures of 1875-76 will commence on Monday, October 4th, and end on the last day of February ensuing.

FEES.—For one full course, \$140; or for each Professor's Ticket separately, \$30; Matriculation Fee (paid once only), \$5. These fees are payable in advance. Graduation Fee, \$30.

Letters of inquiry should be addressed to

ROBERT E. ROGERS, M.D., Dean,
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Regular Course begins - - - October 1st.

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| Number of Matriculants last Session, | 282 |
| Number of Graduates, | 102 |

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MEDICAL DEPARTMENT
OF THE
UNIVERSITY OF LOUISIANA
NEW ORLEANS.

FACULTY.

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T. G. RICHARDSON, M.D., Professor of General and Clinical Surgery.

SAMUEL M. BEMISS, M.D., Professor of the Theory and Practice of Medicine and Clinical Medicine.

FRANK HAWTHORN, M.D., Professor of General and Clinical Obstetrics and Diseases of Women and Children.

STANFORD E. CHAILLE, M.D., Professor of Physiology and Pathological Anatomy.

JOSEPH JONES, M.D., Professor of Chemistry and Clinical Medicine.

SAMUEL LOGAN, M.D., Professor of Anatomy and Clinical Surgery.

ERNEST S. LEWIS, M.D., Professor of Materia Medica and Therapeutics.

ELMOND SOUCHON, M.D., and ALBERT B. MILES, Demonstrators of Anatomy.

The next annual course of instruction in this Department (now in the forty-second year of its existence) will commence on Monday, the 15th day of November, 1875, and terminate on Saturday, the 13th day of March, 1876. Preliminary Lectures on Clinical Medicine and Surgery will be delivered in the amphitheater of the Charity Hospital, beginning on the 20th of October, without any charge to students.

The means of teaching now at the command of the Faculty are unsurpassed in the United States. Special attention is called to the opportunities presented for

CLINICAL INSTRUCTION.

The Act establishing the University of Louisiana gives the Professors of the Medical Department the use of the great Charity Hospital as a school of practical instruction.

The Charity Hospital contains nearly seven hundred beds, and received during the last year nearly six thousand patients. Its advantages for professional study are unsurpassed by any similar institution in this country. The Medical, Surgical, and Obstetrical Wards are visited by the respective Professors in charge daily, from eight to ten o'clock A. M., at which time all the students are expected to attend, and familiarize themselves, *at the bedside of the patients*, with the diagnosis and treatment of all forms of injury and disease.

The regular lectures at the Hospital—on Clinical Medicine by Profs. Bemiss and Joseph Jones, Surgery by Profs. Richardson and Logan, Diseases of Women and Children by Prof. Hawthorn, and Special Pathological Anatomy by Prof. Chaille—will be delivered in the amphitheater on Monday, Wednesday, Thursday, and Saturday, from ten to twelve o'clock A. M.

The Administrators of the Hospital elect annually *twelve resident students*, who are maintained by the Institution.

TERMS.

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|---|----------|
| For the Tickets of all the Professors | \$140 00 |
| For the Ticket of Practical Anatomy | 10 00 |
| Matriculation Fee | 5 00 |
| Graduation Fee | 30 00 |

Graduates of other recognized schools may attend all the Lectures upon payment of the Matriculation Fee, but they will not be admitted as candidates for the Diploma of the University except upon the terms required of Second-course Students. All fees are payable in advance.

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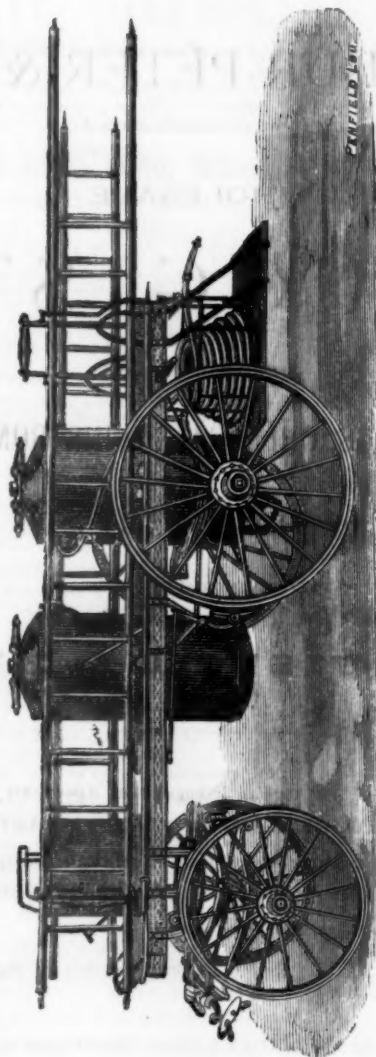
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This preparation accomplishes what has been so long desired by the Medical Profession—a *perfect and permanent emulsion* of Cod Liver Oil with Glyconin and Phosphorus. In this combination the objectionable taste of the oil is so completely disguised as to render it agreeable to the most delicate stomach, while its form—an emulsion—makes it readily assimilated. Each fluid-ounce contains 5 drs. genuine Norway Cod Liver Oil, 1 dr. Glyconin, 1½ drs. Jam. Rum, and 30 drops Dilute Phosphoric Acid.

Syrup Phosphates Iron, Quinine, and Strychnina.

This can be relied upon as a *true* phosphate, and there is probably no combination presenting in so permanent and eligible form these invaluable remedies, nor one that promises to become so universally popular with medical men. Each fluid-drachm contains 1 gr. Phos. Iron, 1 gr. Phos. Quinine, 1-32 gr. Phos. Strychnine.

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This preparation, made from the fresh pancreas of the pig, possesses the property of emulsifying oils or fatty substances in the stomach, thereby promoting assimilation. One fluid-drachm will emulsify ½ oz. of oil.

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CITY OF NEW YORK.

SESSIONS OF 1875-76.

THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Summer Session.

THE PRELIMINARY AUTUMNAL TERM for 1875-76 will commence on Wednesday, September 15, 1875, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students desiring to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will commence on Wednesday, September 29, 1875, and end about March 1, 1876.

FACULTY.

ISAAC E. TAYLOR, M. D.,

Emeritus Professor of Obstetrics and Diseases of Women and Children, President of the College.

JAMES R. WOOD, M. D., LL. D.,
Emeritus Professor of Surgery.

FORDYCE BARKER, M. D.,
Prof. Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M. D.,
Professor of Principles and Practice of Medicine
and Clinical Medicine.

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Professor of Obstetrics and Diseases of Women
and Children and Clinical Midwifery.

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with Diseases of Genito-Urinary System
and Clinical Surgery.

EDMUND R. PEASLEE, M. D., LL. D.,
Professor of Gynecology.

LEWIS A. SAYRE, M. D.,
Professor of Orthopedic Surgery, Fractures and
Dislocations, and Clinical Surgery.

EDWARD G. JANEWAY, M. D.,
Lecturer on Materia Medica and Therapeutics
and Clinical Medicine.

ALEXANDER B. MOTT, M. D.,
Professor of Clinical and Operative Surgery.

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Professor of Physiology and Physiological Anat-
omy, and Secretary of Faculty.

R. OGDEN DOREMUS, M. D., LL. D.,
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Professor of Psychological Medicine and
Medical Jurisprudence.

EDWARD G. JANEWAY, M. D.,
Professor of Pathological and Practical Anatomy.
(Demonstrator of Anatomy.)

A distinctive feature of the method of instruction in this college is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction. The Union of clinical and didactic teaching will also be carried out in the Summer Session, nearly all of the teachers in this Faculty being physicians and surgeons to the Bellevue Hospital.

The Summer Session will consist chiefly of Recitations from Text-books. This term continues from the middle of March to the end of June. During this Session, there will be daily recitations in all the departments, held by a corps of examiners appointed by the regular Faculty. Regular clinics will also be held.

FEES FOR THE REGULAR SESSION.

| | |
|--|----------|
| Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures..... | \$140 00 |
| Matriculation Fee..... | 50 00 |
| Demonstrator's Ticket (including material for dissection)..... | 10 00 |
| Graduation Fee..... | 30 00 |

FEES FOR THE SUMMER SESSION.

| | |
|---|-------|
| Matriculation (Ticket good for the following Winter)..... | 5 00 |
| Recitations, Clinics, and Lectures..... | 50 00 |
| Dissection (Ticket valid for the following Winter)..... | 10 00 |

For the Annual Circular and Catalogue, giving regulations for graduation, and other information, address Secretary of College, Prof. AUSTIN FLINT, JR., Bellevue Hospital Medical College.

UNIVERSITY OF LOUISVILLE

MEDICAL DEPARTMENT.

SPRING AND SUMMER SESSION OF 1875.

The Spring and Summer Session of 1875 in the Medical Department of the University of Louisville will commence on March 8th and continue till July 1st, with the following

CORPS OF INSTRUCTORS.

| | |
|---|-----------------------------|
| On Venereal Diseases and Diseases of the Skin, | BY PROF. L. P. VANDELL, JR. |
| On Ophthalmic and Aural Diseases, | BY PROF. J. M. BODINE. |
| On Clinical Diseases of the Chest and Physiology, | BY PROF. E. R. PALMER. |
| On Public Hygiene, | BY PROF. T. S. BELL. |
| On Clinical Diseases of Women, | BY PROF. JOHN E. CROWE. |
| On Clinical Surgery, | BY PROF. D. W. VANDELL. |
| On Materia Medica, | BY PROF. J. W. HOLLAND. |
| On Surgery, | BY PROF. R. O. COWLING. |
| On Practice of Medicine, | BY DR. W. O. ROBERTS. |
| On Anatomy, | BY DR. H. A. COTTELL. |
| On Chemistry, | BY DR. G. H. ANDERSON. |
| On Obstetrics, | BY DR. W. H. LONG. |

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION** and **RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the **MUSEUM, LIBRARY, and APPARATUS** of the University will be used.

Examinations and Clinical Instruction.—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of SS. Mary and Elizabeth. From these sources an inexhaustible supply of clinical material is obtained.

Prof. D. W. VANDELL holds his regular Surgical Clinic twice a week at the University, and from time to time at the SS. Mary and Elizabeth Hospital; Prof. JOHN E. CROWE twice a week at the University upon the Diseases of Women; Prof. L. P. VANDELL, JR., twice a week at the University upon Clinical Medicine; Prof. BODINE twice a week at the University upon Diseases of the Eye and Ear; Prof. PALMER twice a week at the University upon Diseases of the Heart and Lungs; Prof. COWLING twice a week at the City Hospital upon Surgery; and Prof. HOLLAND twice a week at the City Hospital on Medicine.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the Medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

The Fee for the full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

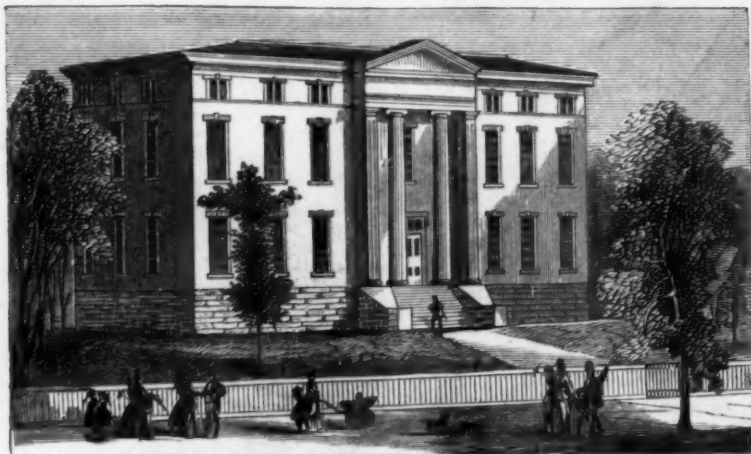
For further information address

W. O. ROBERTS, M. D.

Dean of University Summer School,

No. 204 Third Street, LOUISVILLE.

UNIVERSITY OF LOUISVILLE.



MEDICAL DEPARTMENT,

Corner of Eighth and Chestnut Streets.

THIRTY-EIGHTH ANNUAL SESSION.

FACULTY.

| | |
|-------------------------------|---|
| J. M. BODINE, M. D..... | Prof. of Anatomy and the Operative Surgery of the Eye. |
| L. P. VANDELL, JR., M. D..... | Professor of Therapeutics and Clinical Medicine. |
| E. R. PALMER, M. D..... | Professor of Physiology and Physical Diagnosis. |
| T. S. BELL, M. D..... | Prof. Science and Prac. of Med. and Public Hygiene. |
| JOHN E. CROWE, M. D..... | Prof. of Obstetrics and Dis. of Women and Children. |
| J. W. HOLLAND, M. D..... | Professor of Materia Medica and Medical Chemistry. |
| D. W. VANDELL, M. D..... | { Prof. of the Science and Art of Surgery and Clinical Surgery. |
| R. O. COWLING, M. D..... | Prof. of Surgical Pathology and Operative Surgery. |
| W. O. ROBERTS, M. D..... | Demonstrator of Anatomy. |

F E E S.

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| Professors' Tickets, in full..... | \$50 00 | Matriculation Fee..... | \$ 5 00 |
| Demonstrators' Ticket..... | 10 00 | Graduation Fee..... | 30 00 |
| Hospital Ticket (required by City), \$5 00 | | | |

The Regular Session will commence on the first Monday in October, and continue until the 1st of March.

A Preliminary Course of Lectures, free to all Students, will commence on the second Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of Faculty.

For the Annual Circular, containing full particulars, address

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S. P. SHARPLES, State Assayer of Mass.

In no other form are combined the important alkaloidal principles of Bark, so as to be accessible to medical gentlemen.

It is found Quinidia, which is believed to be a better anti-periodic than Quinia; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is less costly: the price will fluctuate with the rice and fall of barks, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middlebury, Pa.

April 13, 1875.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and have never been disappointed in my expectations.

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We will send a sample package for trial, containing fifty grains of CINCHO-QUININE, on receipt of twenty-five cents, or one ounce upon the receipt of one dollar and sixty cents, post paid. Special prices given for orders amounting to one hundred ounces and upwards.

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It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

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Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

D. MACRAT, M.D., Dallas, Texas.

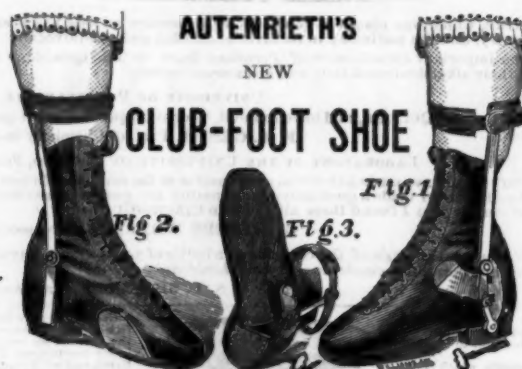


FIG. 1 represents apparatus outside on the left foot, with a movable pad to use more or less pressure over the arch of the metatarsal bones.

FIG. 2 represents apparatus applied with the extension made, and the ball of the big toe resting against the metal plate.

FIG. 3 represents apparatus turned in shape to receive the foot, after which turn the key and reverse back to a bearing shape.

This shoe gives ample facilities to manipulate the foot gradually from the slightest turn to the heaviest lever, and at the same time obviates all former difficulties experienced from straps, either by buckling too tight or too loose. Should extension for tendo-achillis be necessary, if mentioned, the usual rubber cords will be attached.

CUT THIS OUT AND SEND IT.

The following measures are required for the steel work:

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|--|---------|
| Length from sole to center of ankle..... | INCHES. |
| Length from sole to garter..... | |
| Circumference of calf..... | |
| Circumference of ankle..... | |
| Right or left foot, or both. | |

The other measure for the shoe only may be taken by a shoemaker; as,

| | |
|----------------------------------|--|
| Length of foot..... | |
| Circumference around toes..... | |
| Circumference around instep..... | |
| Circumference over heel..... | |
| Circumference above ankle..... | |

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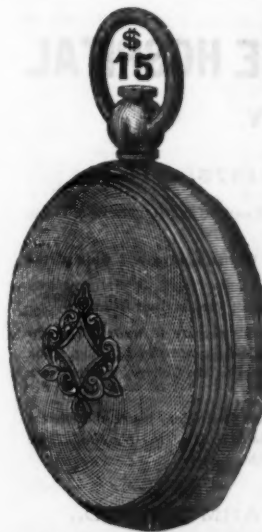
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The READING and RECITATION TERM will commence October 1, 1874, and close at the commencement of the Regular Term.

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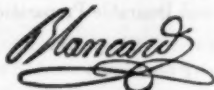
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Physostigmine (or Eserine), equal to 1-6th of a grain of the extract of Calabar Bean.

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The cheapest, cleanest, and only complete, reliable, and effective inhaler in use, arranged for the direct application of medicines in the form of the finest vapor to the diseased parts of the air passages in the treatment of catarrh and diseases of the throat and lungs. No heat or warm liquids required in its use.

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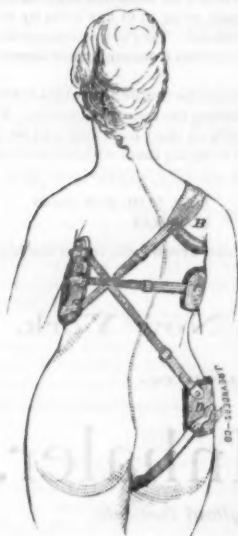
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EMILE SCHEFFER.....Prof. of Materia Medica and Botany.

The Lectures in this Institution will commence on the first Monday in October, 1875, and terminate about the first of March, 1876.

FEES.—Matriculation, \$5.00 ; Professor's Tickets, each, \$10.00 ; Graduation Fee, \$10.00.

LABORATORY PRACTICE.

A Practical School will be opened, under the direction of the Faculty of the College, on the first Monday in October, and will be kept open during the lecture season on three days—Monday, Wednesday, and Friday—in each week, from 2 to 5 o'clock P. M.

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110th ANNUAL SESSION, 1875-76.

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HENRY H. SMITH, M.D., Emeritus Professor of Surgery.

JOSEPH CARSON, M.D., Professor of Materia Medica and Pharmacy; ROBERT E. ROGERS,
M.D., Professor of Chemistry; JOSEPH LEIBY, M.D., LL.D., Professor of Anatomy; FRANCIS
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Clinical Instruction is given at the University Hospital as follows: Surgery, Profs. AGNEW
and J. NEILL; Medicine, Prof. PEPPER; Diseases of Women and Children, Prof. GOODELL;
Diseases of the Eye, Prof. NORRIS; Diseases of the Ear, Prof. STRAWBRIDGE; Nervous Diseases,
Prof. H. C. WOOD, Jr.; Skin Diseases, Prof. L. A. DUHRING; Morbid Anatomy and Histology,
Prof. J. TUSON.

The Philadelphia Hospital also is contiguous to the University, and its Clinical Lectures are
free to all medical students. Students may be examined on the elementary branches at the end
of the second course, and, if approved, may devote themselves during their third course to the
applied branches only.

During the spring and summer Lectures on Zoology and Comparative Anatomy, Botany,
Hygiene, Medical Jurisprudence and Toxicology, and Geology are delivered by Profs. ALLEN,
WOOD, HARTSHORNE, REESE, and HOWELL, of the Auxiliary Faculty, and are free to matricu-
lants of the Medical Department.

The Lectures of 1875-76 will commence on Monday, October 4th, and end on the last day
of February ensuing.

FEES.—For one full Course, \$140; or for each Professor's Ticket separately, \$30; Matricula-
tion Fee (paid once only), \$5. These fees are payable in advance. Graduation Fee, \$30.

Letters of inquiry should be addressed to

ROBERT E. ROGERS, M.D., Dean,
P. O. Box 2338, Philadelphia.

RUSH MEDICAL COLLEGE

The Twenty-Third Annual Course of Lectures will commence on
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TWENTY WEEKS.

FACULTY.

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J. ADAMS ALLEN, M.D., LL.D., Professor Principles and Practice of Medicine.
DELA SKIE MILLER, M.D., Professor Obstetrics and Diseases of Women and Children.
R. L. REA, M.D., Professor of Anatomy.
MOSES GUNN, M.D., A.M., Professor Principles and Practice of Surgery and Clinical
Surgery.
EDWIN POWELL, M.D., Professor Military Surgery and Surgical Anatomy.
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HENRY M. LYMAN, M.D., Professor Chemistry and Pharmacy.
JAMES H. ETHERIDGE, M.D., Professor Materia Medica and Medical Jurisprudence.
WALTER RAY, M.D., Adjunct Professor Principles and Practice of Medicine. Lecturer
on Diseases of Brain and Nervous System.

The Dissecting Room will be kept open during the entire season.

FEES.

Lectures \$55, Matriculation \$5, Dissecting \$5, Hospital \$5, Graduation \$25.

For further information with reference to the College, address the Secretary,

Dr. DeLASKIE MILLER,

926 Wabash Avenue, CHICAGO.

MEDICAL DEPARTMENT
OF THE
UNIVERSITY OF LOUISIANA
NEW ORLEANS.

FACULTY.

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T. G. RICHARDSON, M. D., Professor of General and Clinical Surgery.
SAMUEL M. BEMISS, M. D., Professor of the Theory and Practice of Medicine and Clinical Medicine.
FRANK HAWTHORN, M. D., Professor of General and Clinical Obstetrics and Diseases of Women and Children.
STANFORD E. CHAILLE, M. D., Professor of Physiology and Pathological Anatomy.
JOSEPH JONES, M. D., Professor of Chemistry and Clinical Medicine.
SAMUEL LOGAN, M. D., Professor of Anatomy and Clinical Surgery.
ERNEST S. LEWIS, M. D., Professor of Materia Medica and Therapeutics.
ELMOND SOUCHON, M. D., and ALBERT B. MILES, Demonstrators of Anatomy.

The next annual course of instruction in this Department (now in the forty-second year of its existence) will commence on Monday, the 15th day of November, 1875, and terminate on Saturday, the 13th day of March, 1876. Preliminary Lectures on Clinical Medicine and Surgery will be delivered in the amphitheater of the Charity Hospital, beginning on the 20th of October, without any charge to students.

The means of teaching now at the command of the Faculty are unsurpassed in the United States. Special attention is called to the opportunities presented for

CLINICAL INSTRUCTION.

The Act establishing the University of Louisiana gives the Professors of the Medical Department the use of the great Charity Hospital as a school of practical instruction.

The Charity Hospital contains nearly seven hundred beds, and received during the last year nearly six thousand patients. Its advantages for professional study are unsurpassed by any similar institution in this country. The Medical, Surgical, and Obstetrical Wards are visited by the respective Professors in charge daily, from eight to ten o'clock A. M., at which time all the students are expected to attend, and familiarize themselves, *at the bedside of the patients*, with the diagnosis and treatment of all forms of injury and disease.

The regular lectures at the Hospital—on Clinical Medicine by Profs. Bemiss and Joseph Jones, Surgery by Profs. Richardson and Logan, Diseases of Women and Children by Prof. Hawthorn, and Special Pathological Anatomy by Prof. Chaille—will be delivered in the amphitheater on Monday, Wednesday, Thursday, and Saturday, from ten to twelve o'clock A. M.

The Administrators of the Hospital elect annually twelve resident students, who are maintained by the Institution.

TERMS.

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| For the Tickets of all the Professors | \$140 00 |
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| Matriculation Fee | 5 00 |
| Graduation Fee | 30 00 |

Graduates of other recognized schools may attend all the Lectures upon payment of the Matriculation Fee, but they will not be admitted as candidates for the Diploma of the University except upon the terms required of Second-course Students. All fees are payable in advance.

For further information address

T. G. RICHARDSON, M. D., Dean.

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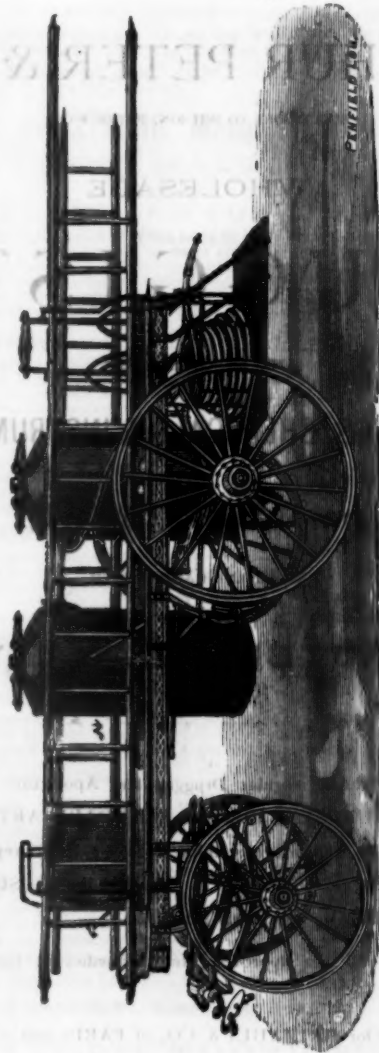
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Prepared from fresh animal stomachs, *without the use of Alcohol*, and is especially adapted for administering to infants and in cases of extreme debility of the digestive organs. Each fluid-drachm contains the digestive power of 8 gra. Saccharated Pepsin.

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SESSIONS OF 1875-76.

THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Summer Session.

THE PRELIMINARY AUTUMNAL TERM for 1875-76 will commence on Wednesday, September 15, 1875, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students desiring to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.

THE REGULAR SESSION will commence on Wednesday, September 30, 1875, and end about March 1, 1876.

FACULTY.

ISAAC E. TAYLOR, M.D.,
Emeritus Professor of Obstetrics and Diseases of Women and Children, President of the College.
JAMES R. WOOD, M.D., LL.D.,
Emeritus Professor of Surgery. FORDYCE BARKER, M.D.,
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Professor of Clinical and Operative Surgery. AUSTIN FLINT, JR., M.D.,
Professor of Physiology and Physiological Anatomy, and Secretary of Faculty.
R. OGDEN DOREMUS, M.D., LL.D.,
Professor of Chemistry and Toxicology. ALPHEUS B. CROSBY, M.D.,
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Professor of Ophthalmology and Otology. EDWARD L. KEYES, M.D.,
Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.
JOHN P. GRAY, M.D.,
Professor of Psychological Medicine and Medical Jurisprudence. EDWARD G. JANEWAY, M.D.,
Professor of Pathological and Practical Anatomy. (Demonstrator of Anatomy.)

A distinctive feature of the method of instruction in this college is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction. The Union of clinical and didactic teaching will also be carried out in the Summer Session, nearly all of the teachers in this Faculty being physicians and surgeons to the Bellevue Hospital.

The Summer Session will consist chiefly of Recitations from Text-books. This term continues from the middle of March to the end of June. During this Session, there will be daily recitations in all the departments, held by a corps of examiners appointed by the regular Faculty. Regular clinics will also be held.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures.....\$140 00
Matriculation Fee.....5 00
Demonstrator's Ticket (including material for dissection).....10 00
Graduation Fee.....30 00

FEES FOR THE SUMMER SESSION.

Matriculation (Ticket good for the following Winter).....5 00
Recitations, Clinics, and Lectures.....50 00
Dissection (Ticket valid for the following Winter).....10 00

For the Annual Circular and Catalogue, giving regulations for graduation, and other information, address Secretary of College, Prof. AUSTIN FLINT, JR., Bellevue Hospital Medical College.

UNIVERSITY OF LOUISVILLE

MEDICAL DEPARTMENT.

SPRING AND SUMMER SESSION OF 1875.

The Spring and Summer Session of 1875 in the Medical Department of the University of Louisville¹ commence on March 8th and continue till July 1st, with the following

CORPS OF INSTRUCTORS.

| | |
|---|-----------------------------|
| On Venereal Diseases and Diseases of the Skin, | BY PROF. L. P. YANDELL, JR. |
| On Ophthalmic and Aural Diseases, | BY PROF. J. M. BODINE. |
| On Clinical Diseases of the Chest and Physiology, | BY PROF. E. R. PALMER. |
| On Public Hygiene, | BY PROF. T. S. BELL. |
| On Clinical Diseases of Women, | BY PROF. JOHN E. CROWE. |
| On Clinical Surgery, | BY PROF. D. W. YANDELL. |
| On Materia Medica, | BY PROF. J. W. HOLLAND. |
| On Surgery, | BY PROF. R. O. COWLING. |
| On Practice of Medicine, | BY DR. W. O. ROBERTS. |
| On Anatomy, | BY DR. H. A. COTTELL. |
| On Chemistry, | BY DR. G. H. ANDERSON. |
| On Obstetrics, | BY DR. W. H. LONG. |

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION** and **RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the **MUSEUM, LIBRARY, and APPARATUS** of the University will be used.

Examinations and Clinical Instruction.—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of SS. Mary and Elizabeth. From these sources an inexhaustible supply of clinical material is obtained.

Prof. D. W. YANDELL holds his regular Surgical Clinic twice a week at the University, and from time to time at the SS. Mary and Elizabeth Hospital; Prof. JOHN E. CROWE twice a week at the University upon the Diseases of Women; Prof. L. P. YANDELL, JR. twice a week at the University upon Clinical Medicine; Prof. BODINE twice a week at the University upon Diseases of the Eye and Ear; Prof. PALMER twice a week at the University upon Diseases of the Heart and Lungs; Prof. COWLING twice a week at the City Hospital upon Surgery; and Prof. HOLLAND twice a week at the City Hospital on Medicine.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the Medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

The Fee for the full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

For further information address

W. O. ROBERTS, M. D.

Dean of University Summer School,

No. 204 Third Street, LOUISVILLE.

UNIVERSITY OF LOUISVILLE.



MEDICAL DEPARTMENT,
Corner of Eighth and Chestnut Streets.

THIRTY-EIGHTH ANNUAL SESSION.

FACULTY.

| | |
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| L. P. VANDELL, JR., M. D..... | Professor of Therapeutics and Clinical Medicine. |
| E. R. PALMER, M. D..... | Professor of Physiology and Physical Diagnosis. |
| T. S. BELL, M. D..... | Prof. Science and Prac. of Med. and Public Hygiene. |
| JOHN E. CROWE, M. D..... | Prof. of Obstetrics and Dis. of Women and Children. |
| J. W. HOLLAND, M. D..... | Professor of Materia Medica and Medical Chemistry. |
| D. W. VANDELL, M. D..... | { Prof. of the Science and Art of Surgery and Clinical Surgery. |
| R. O. COWLING, M. D..... | Prof. of Surgical Pathology and Operative Surgery. |
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F E E S.

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| Demonstrators' Ticket..... | 10 00 | Graduation Fee..... | 30 00 |
| Hospital Ticket (required by City), \$5 00 | | | |

The Regular Session will commence on the first Monday in October, and continue until the 1st of March.

A Preliminary Course of Lectures, free to all Students, will commence on the second Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of Faculty.

For the Annual Circular, containing full particulars, address

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C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain quinine, quinidine, cinchonine, and cinchonidine."

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3d. It is less costly; the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

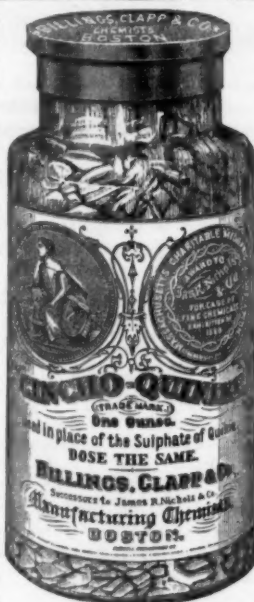
Middleburg, Pa.,

April 18, 1875.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and have never been disappointed in my expectations.

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Gents: It may be of some satisfaction to you to know that I have used the alkaloid for two years, or nearly, in my practice, and I have found it reliable, and all I think that you claim for it. For children and those of irritable stomachs, as well as those too easily quinineized by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

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I have used your CINCHO-QUININE exclusively for four years in this malarial region.

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Price List and Descriptive Catalogue furnished upon application.

BILLINGS, CLAPP & CO., Manufacturing Chemists,

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FIG. 1 represents apparatus outside on the left foot, with a movable pad to use more or less pressure over the arch of the metatarsal bones.

FIG. 2 represents apparatus applied with the extension made, and the ball of the big toe resting against the metal plate.

FIG. 3 represents apparatus turned in shape to receive the foot, after which turn the key and reverse back to a bearing shape.

This shoe gives ample facilities to manipulate the foot gradually from the slightest turn to the heaviest lever, and at the same time obviates all former difficulties experienced from straps, either by buckling too tight or too loose. Should extension for tendo-achillis be necessary, if mentioned, the usual rubber cords will be attached.

CUT THIS OUT AND SEND IT.

The following measures are required for the steel work:

| | INCHES. |
|--|---------|
| Length from sole to center of ankle..... | |
| Length from sole to garter..... | |
| Circumference of calf..... | |
| Circumference of ankle..... | |
| Right or left foot, or both. | |

The other measure for the shoe only may be taken by a shoemaker; as,

| | |
|----------------------------------|--|
| Length of foot..... | |
| Circumference around toes..... | |
| Circumference around instep..... | |
| Circumference over heel..... | |
| Circumference above ankle..... | |

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For the cure of Prolapsus, Retroversion, and Anteversion. Warranted
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Dr. L. A. Babcock's SILVER UTERINE SUPPORTER, for the cure of Prolapsus, Retroversion and Anteversion. Warranted a radical cure. Price, \$25.00.

I would like to see the thing extensively used, for it supplies a want long felt.

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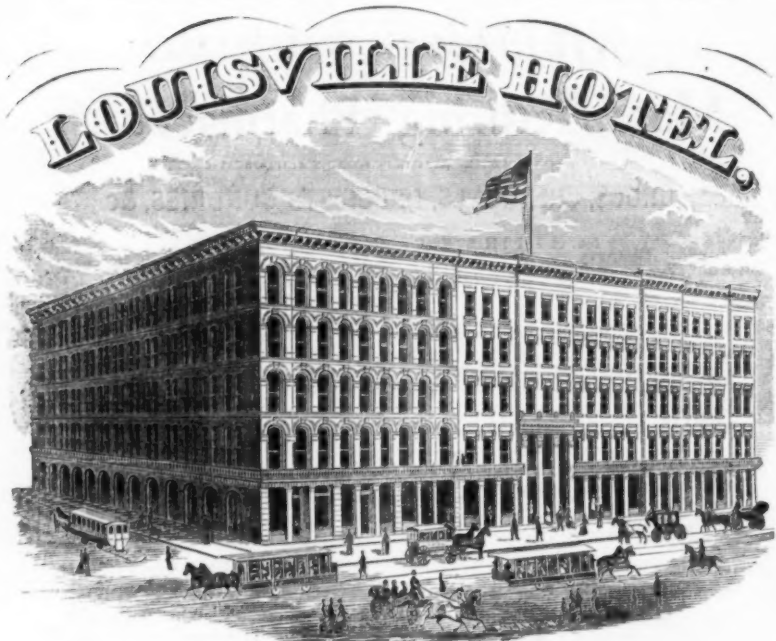
We would respectfully call the attention of the profession to Dr. L. A. BABCOCK'S improvement in Uterine Supporters. These instruments derive their support from an external brace, and are destined to entirely supersede the old-fashioned, uncomfortable and useless pessary. They are easily adjusted, and so comfortable and advantageous to the wearer that patients who have long been confined to their beds or rooms with uterine difficulties express themselves as having "gotten into a new world" upon having a supporter applied. We speak thus positively of these instruments because we have thoroughly tested them.

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DEAR SIR: Yours, with instructions, to hand. I speak as a lecturer on obstetrics and a physician of large experience in the treatment of uterine diseases, when I say that the more I become familiar with your invention the more valuable it appears to me; and I

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(ESTABLISHED 1855.)

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The attention of the trade is invited to the following facts:

Dr. Smith's waters were the first ever placed in the market on a large scale in the United States.

Their excellence created the demand for such goods, and made the business wholesale.

They exactly represent the natural waters, producing identical medicinal effects.

Their indisputable superiority has made them more popular than any other.

They are more extensively prescribed in daily practice, and used by physicians themselves, than any other—a spontaneous and emphatic indorsement, certainly not surreptitiously obtained.

They are the only waters sold on draught by Hegeman & Co., Caswell, Hazard & Co., and the other leading druggists of New York and the neighboring cities.

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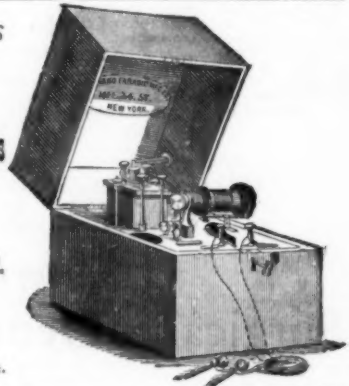
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A reliable combination of Pancreatine with the Oil, rendering its digestion easy and rapid.

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For the digestion of Cod Liver Oil, solid Fat, and Food generally. The Wine and Cod Liver Oil readily form an Emulsion when shaken together in equal proportions.

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These supporters are constructed on scientific mechanical principles, and of durable materials, so as to fit any form by adjusting the different lacings as required. They are recommended in all cases when the abdominal muscles from any cause become weakened or relaxed.

To ladies these supporters are indispensable after child-birth, as well as during pregnancy, affording the required support. To persons of either sex who are much on their feet, they will be of

priceless value. They are made of different materials, thus bringing them within the reach of all.

| | |
|--|--------------------------------|
| Retail prices of Ladies' Supporters, | \$1.50, \$3.00, \$5.00 \$10.00 |
| " " Gentlemen's Supporters, | \$2.50 \$4.00 |

In ordering it is only necessary to send the circumference around the top of the hips
Discount allowed physicians.

E. FOUGERA & CO., New York.

Exclusive Agents for Patentee.

Kirkwood's Inhaler.

Medal of Honor awarded at the Maryland Institute.

The cheapest, cleanest, and only complete, reliable, and effective inhaler in use, arranged for the direct application of medicines in the form of the finest vapor to the diseased parts of the air passages in the treatment of catarrh and diseases of the throat and lungs. No heat or warm liquids required in its use.

In purchasing medical instruments, the best should be selected, and persons should



beware of the various frail, cheap, unreliable, ineffective instruments for inhalation that have been introduced.

Kirkwood's Inhaler is accompanied by testimonials of the highest professional character, and certificates of patients who have been cured of chronic catarrhal and laryngeal diseases by its use, together with carefully prepared formula for preparing the instrument. The inhaling

tube is provided with an air valve, so that no impure air can pass into the apparatus, thus insuring safety at all times.

**E. FOUGERA & CO., Manufacturers,
NEW YORK.**

The Practitioner Advertiser.

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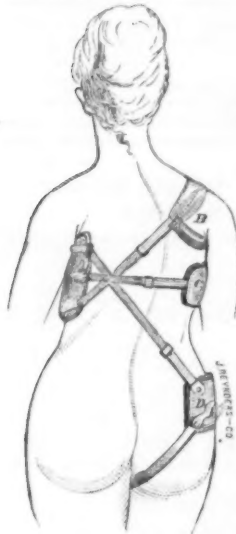
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Braces for Lateral Curvature of Spine.

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The reputation earned by our Mr. REYNDERS, with an experience of thirty years practically in the workshops, and by visiting the hospitals of Europe and of this country, will guarantee to the profession a satisfactory execution of all orders they may favor the firm with.

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Dr. WADSWORTH'S UTERINE ELEVATOR, OR STEM PESSARY IMPROVED.



The most simple and practical of any Stem Pessary ever invented. It is made of India-rubber, *without lead*, unirritating, of easy application, and unfailingly keeps the womb in its natural position. The first-class physicians in Providence, and eminent practitioners in almost every state, highly recommend it. A pamphlet describing it, and testimonials of distinguished physicians, also price-list sent on application.

H. H. BURRINGTON,
Sole Proprietor, Providence, R. I.

Also for sale in Louisville, Ky., by WM. G. SCHMIDT, and Dealers in Surgical Instruments generally.

No. 49—17

LOUISVILLE COLLEGE OF PHARMACY.

FIFTH SESSION

OF THE

SCHOOL OF PHARMACY

1875--1876.

FACULTY.

L. D. KASTENBINE, M. D.....Prof. of Chemistry.

C. LEWIS DIEHL.....Prof. of Theory and Practice of Pharmacy.

EMILE SCHEFFER.....Prof. of Materia Medica and Botany.

The Lectures in this Institution will commence on the first Monday in October, 1875, and terminate about the first of March, 1876.

FEES.—Matriculation, \$5.00 ; Professor's Tickets, each, \$10.00 ; Graduation Fee, \$10.00.

LABORATORY PRACTICE.

A Practical School will be opened, under the direction of the Faculty of the College, on the first Monday in October, and will be kept open during the lecture season on three days—Monday, Wednesday, and Friday—in each week, from 2 to 5 o'clock P. M.

FEES FOR TUITION.

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| For one day's practice each week, during five months, | . . | \$20 00 |
| " two " " " " " " " | . . | 30 00 |
| " three " " " " " " " | . . | 40 00 |

STUDENTS OF MEDICINE

who may desire to avail themselves of the opportunities offered by the Practical School may, at their option, select a course more directly applicable to their studies.

For prospectus or further information, address

VINCENT DAVIS, *Ch'n School Com.,*

Cor. Sixth and Chestnut Streets.

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Established in 1817.

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We aim to supply the regular Druggist and Apothecary as well as the Physician with TRUE, GENUINE, and STANDARD ARTICLES in our line of trade, and we warrant every thing we sell to be as represented.

We are AGENTS for TIEMANN'S CELEBRATED SURGICAL INSTRUMENTS, which we sell at his prices.

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AROMATIC ELIXIR.

GRINDELIA ROBUSTA;

A SPECIFIC FOR ASTHMA AND BRONCHIAL AFFECTIONS.

This remarkable remedy seldom fails to relieve the paroxysms of the severest cases of asthma, and many instances of chronic bronchitis having been not only relieved but entirely cured have come to the knowledge of the profession. The plant is a native of California, and attention has been called to it by Dr. Ayres of San Francisco.

Prepared by

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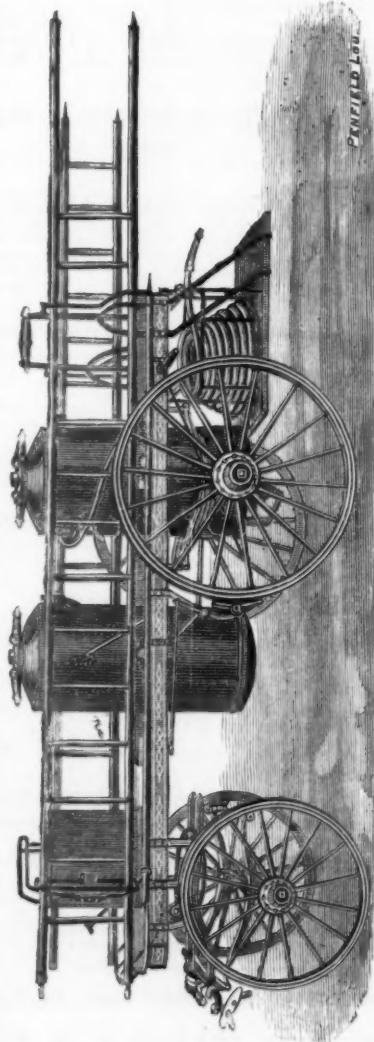
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This wonderful remedy is all that is claimed for it, as the prominent practitioners of Louisville will testify. The proprietors refer to Dr. Vandell, Dr. Bell, and very many others. [70—2m]

CHAMPION FIRE-EXTINGUISHER COMPANY.

CAPITAL STOCK, \$1,500,000.

CHAMPION CHEMICAL FIRE-ENGINE, WITH HOSE, HOOK AND LADDER ATTACHMENTS.



No. 1—Capacity, 250 gallons..... Price, \$3,000 to \$3,500 N . 3—Capacity, 160 gallons. Price, \$2,000 to \$2,500
 No. 2—Capacity, 200 gallons..... Price, 2,500 to 3,000 Hand Machine and Box Charges (4 sets). Price.....\$45

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TO PHYSICIANS.

The attention of the Medical Profession is respectfully invited to the following preparations of our manufacture, and we beg leave to assure them that they can be prescribed with the same certainty of result as could an equal amount of the crude medicines represented, in pill or powder. We state distinctly upon our label the contents of each fluid-drachm.

BUNTIN & ARMSTRONG, Manufacturing Pharmacists,
TERRE HAUTE, IND.

GLYCONIN AND COD-LIVER OIL.

This preparation accomplishes what has been so long desired by the Medical Profession—a *perfect and permanent emulsion* of Cod Liver Oil with Glyconin and Phosphorus. In this combination the objectionable taste of the oil is so completely disguised as to render it agreeable to the most delicate stomach, while its form—an emulsion—makes it readily assimilated. Each fluid-ounce contains 5 drs. genuine Norway Cod Liver Oil, 1 dr. Glyconin, $\frac{1}{2}$ drs. Jam. Rum, and 30 drops Dilute Phosphoric Acid.

Syrup Phosphates Iron, Quinine, and Strychnina.

This can be relied upon as a *true* phosphate, and there is probably no combination presenting in so permanent and eligible form these invaluable remedies, nor one that promises to become so universally popular with medical men. Each fluid-drachm contains 1 gr. Phos. Iron, 1 gr. Phos. Quinine, 1-32 gr. Phos. Strychnine.

SYRUP LACTO-PHOS. LIME.

First employed in the hospitals of Paris, is rapidly growing into favor with the Medical Profession of this country, in the treatment of low forms of debility, nervous prostration, enfeebled digestion, and in some cases of Chronic Rheumatism. Each fluid-drachm contains $\frac{3}{5}$ gra. of the Salt in pure lactic acid.

AROMATIC GLYCEROLE OF PEPSIN.

Prepared from fresh animal stomachs, *without the use of Alcohol*, and is especially adapted for administering to infants and in cases of extreme debility of the digestive organs. Each fluid-drachm contains the digestive power of 8 gra. Saccharated Pepsin.

ELIXIR PANCREATINE.

This preparation, made from the fresh pancreas of the pig, possesses the property of emulsifying oils or fatty substances in the stomach, thereby promoting assimilation. One fluid-drachm will emulsify $\frac{1}{4}$ oz. of oil.

FERRO-PHOS. ELIXIR OF CALISAYA BARK.

Combining the medicinal virtues of the Royal Calisaya Bark and Pyrophosphate of Iron, two of the most valuable remedies known to physicians. By careful manipulation the precipitation of the iron by the tannic acid of the bark is obviated, thus overcoming the nauseous inkiness so objectionable in most preparations of bark and iron. Each fluid-drachm contains $1\frac{1}{2}$ gra. Pyroph. Iron and 5 gra. Royal Calisaya Bark.

FERROPH. ELIX. CALISAYA WITH STRYCHNIA.

Contains an addition of 8-100 gr. Strychnia to each fluid-ounce, in a *permanent solution*, thus greatly increasing its tonic effects.

ELIXIR OF GUARANA.

(From Seeds and Juice of Paulina Sorbilis.)

This medicine, introduced into Europe from Brazil, has recently attracted the attention of the Medical Profession of this country, and from the investigations made has come to be highly esteemed as a safe and reliable remedy for nervous affections, sick headaches, neuralgia, and in some forms of bowel complaints. Each fluid-drachm contains the virtues of 15 gra. Guarana.

Our Book of Formulas furnished to physicians free.

BUNTIN & ARMSTRONG, Manufacturing Pharmacists, Terre Haute, Ind.

ALFORD, THORP & CO.

Wholesale Agents, Louisville, Ky

UNIVERSITY OF LOUISVILLE

MEDICAL DEPARTMENT.

SPRING AND SUMMER SESSION OF 1875.

The Spring and Summer Session of 1875 in the Medical Department of the University of Louisville will commence on March 8th and continue till July 1st, with the following

CORPS OF INSTRUCTORS.

| | |
|---|-----------------------------|
| On Venereal Diseases and Diseases of the Skin, | BY PROF. L. P. VANDELL, JR. |
| On Ophthalmic and Aural Diseases, | BY PROF. J. M. BODINE. |
| On Clinical Diseases of the Chest and Physiology, | BY PROF. E. R. PALMER. |
| On Public Hygiene, | BY PROF. T. S. BELL. |
| On Clinical Diseases of Women, | BY PROF. JOHN E. CROWE. |
| On Clinical Surgery, | BY PROF. D. W. VANDELL. |
| On Materia Medica, | BY PROF. J. W. HOLLAND. |
| On Surgery, | BY PROF. R. O. COWLING. |
| On Practice of Medicine, | BY DR. W. O. ROBERTS. |
| On Anatomy, | BY DR. H. A. COTTELL. |
| On Chemistry, | BY DR. G. H. ANDERSON. |
| On Obstetrics, | BY DR. W. H. LONG. |

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION** and **RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the **MUSEUM, LIBRARY, and APPARATUS** of the University will be used.

Examinations and Clinical Instruction.—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of St. Mary and Elizabeth. From these sources an inexhaustible supply of clinical material is obtained.

Prof. D. W. VANDELL holds his regular Surgical Clinic twice a week at the University, and from time to time at the St. Mary and Elizabeth Hospital; Prof. JOHN E. CROWE twice a week at the University upon the Diseases of Women; Prof. L. P. VANDELL, JR., twice a week at the University upon Clinical Medicine; Prof. BODINE twice a week at the University upon Diseases of the Eye and Ear; Prof. PALMER twice a week at the University upon Diseases of the Heart and Lungs; Prof. COWLING twice a week at the City Hospital upon Surgery; and Prof. HOLLAND twice a week at the City Hospital on Medicine.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the Medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

The Fee for the full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

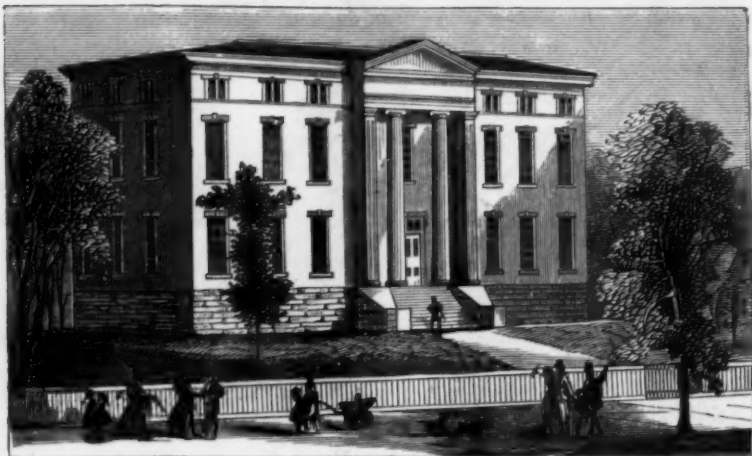
For further information address

W. O. ROBERTS, M. D.

Dean of University Summer School,

No. 204 Third Street, LOUISVILLE.

UNIVERSITY OF LOUISVILLE.



MEDICAL DEPARTMENT,
Corner of Eighth and Chestnut Streets.

THIRTY-EIGHTH ANNUAL SESSION.

FACULTY.

| | |
|-------------------------------|---|
| J. M. BODINE, M. D..... | Prof. of Anatomy and the Operative Surgery of the Eye. |
| L. P. YANDELL, JR., M. D..... | Professor of Therapeutics and Clinical Medicine. |
| E. R. PALMER, M. D..... | Professor of Physiology and Physical Diagnosis. |
| T. S. BELL, M. D..... | Prof. Science and Prac. of Med. and Public Hygiene. |
| JOHN E. CROWE, M. D..... | Prof. of Obstetrics and Dis. of Women and Children. |
| J. W. HOLLAND, M. D..... | Professor of Materia Medica and Medical Chemistry. |
| D. W. YANDELL, M. D..... | { Prof. of the Science and Art of Surgery and Clinical Surgery. |
| R. O. COWLING, M. D..... | Prof. of Surgical Pathology and Operative Surgery. |
| W. O. ROBERTS, M. D..... | Demonstrator of Anatomy. |

F E E S.

| | | | |
|--|---------|------------------------|---------|
| Professors' Tickets, in full..... | \$50 00 | Matriculation Fee..... | \$ 5 00 |
| Demonstrators' Ticket..... | 10 00 | Graduation Fee..... | 30 00 |
| Hospital Ticket (required by City), \$5 00 | | | |

✂ The Regular Session will commence on the first Monday in October, and continue until the 1st of March.

✂ A Preliminary Course of Lectures, free to all Students, will commence on the second Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of Faculty.

✂ For the Annual Circular, containing full particulars, address

E. R. PALMER, M. D., Sec'y of Faculty,
493½ West Walnut Street.

CINCHO-QUININE.

CINCHO-QUININE, which was placed in the hands of physicians in 1869, has been tested in all parts of the country, and the testimony in its favor is decided and unequivocal.

It contains the important constituents of *Peruvian Bark*, Quinia, Quinidia, Cinchonina and Cinchonidia, in their alkaloidal condition, and no external agents.

UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *guinine, quinidine, cinchonine, and cinchonidine.*"
F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE, and by direction I made a qualitative examination for *guinine, quinidine, and cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE."

C. GILBERT WHEELER, Professor of Chemistry.

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *guinine, quinidine, cinchonine, and cinchonidine.*"

S. P. SHARPLES, State Assayer of Mass.

In no other form are combined the important alkaloidal principles of Bark, so as to be accessible to medical gentlemen.

In it is found Quinidia, which is believed to be a better anti-periodic than Quinia; and the alkaloids acting in association, unquestionably produce favorable remedial influences which can be obtained from no one alone.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages which greatly increase its value to physicians:—

1st. It exerts the full therapeutic influence of Sulphate of Quinine, in the same doses, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does, and it produces much less constitutional disturbance.

2d. It has the great advantage of being nearly tasteless. The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d. It is less costly: the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

Middleburg, Pa.,
April 13, 1875.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

In a practice of twenty years, eight of which were in connection with a drug store, I have used Quinine in such cases as are generally recommended by the Profession. In the last four or five years I have used very frequently your CINCHO-QUININE in place of Quinine, and have never been disappointed in my expectations.

JNO. Y. SHIBDEL, M.D.

We will send a sample package for trial, containing fifty grains of CINCHO-QUININE, on receipt of twenty-five cents, or one ounce upon the receipt of one dollar and sixty cents, post paid. Special prices given for orders amounting to one hundred ounces and upwards.

WE MANUFACTURE CHEMICALLY PURE SALTS OF

Arsenic, Ammonium, Antimony, Barium, Bromine, Bismuth, Cerium, Calcium, Copper, Gold, Iodine, Iron, Lead, Manganese, Mercury, Nickel, Phosphorus, Potassium, Silver, Sodium, Tin, Zinc, etc.

Price List and Descriptive Catalogue furnished upon application.

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Gents: It may be of some satisfaction to you to know that I have used the alkaloid for two years, or nearly, in my practice, and I have found it reliable, and all I think that you claim for it. For children and those of irritable stomachs, as well as those too easily quinsized by the Sulphate, the Cincho acts like a charm, and we can hardly see how we did without it so long. I hope the supply will continue.

Yours, with due regard,
J. R. TAYLOR, M.D., Kosse, Texas.

I have used your CINCHO-QUININE exclusively for four years in this malarial region.

It is as active an anti-periodic as the Sulphate, and more agreeable to administer. It gives great satisfaction.

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I have used the CINCHO-QUININE ever since its introduction, and am so well satisfied with its results that I use it in all cases in which I formerly used the Sulphate; and in intermittents it can be given during the paroxysm of fever with perfect safety, and thus lose no time.

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I am using CINCHO-QUININE, and find it to act as reliably and efficiently as the Sulphate.

In the case of children, I employ it almost exclusively, and deem its action upon them more beneficial than that of the time-honored Sulphate.

W. C. SCHULTZ, M.D.,
Marengo, Iowa.

CINCHO-QUININE in my practice has given the best of results, being in my estimation far superior to Sulphate of Quinine, and has many advantages over the Sulphate. G. INGALLS, M.D., Northampton, Mass.

Your CINCHO-QUININE I have used with marked success. I prefer it in every way to the Sulphate.

D. MACKAY, M.D., Dallas, Texas.



FIG. 1 represents apparatus outside on the left foot, with a movable pad to use more or less pressure over the arch of the metatarsal bones.

FIG. 2 represents apparatus applied with the extension made, and the ball of the big toe resting against the metal plate.

FIG. 3 represents apparatus turned in shape to receive the foot, after which turn the key and reverse back to a bearing shape.

This shoe gives ample facilities to manipulate the foot gradually from the slightest turn to the heaviest lever, and at the same time obviates all former difficulties experienced from straps, either by buckling too tight or too loose. Should extension for tendo-achillis be necessary, if mentioned, the usual rubber cords will be attached.

CUT THIS OUT AND SEND IT.

The following measures are required for the steel work:

| | INCHES. |
|--|---------|
| Length from sole to center of ankle..... | |
| Length from sole to garter..... | |
| Circumference of calf..... | |
| Circumference of ankle..... | |
| Right or left foot, or both. | |

The other measure for the shoe only may be taken by a shoemaker; as,

| | |
|----------------------------------|--|
| Length of foot..... | |
| Circumference around toes..... | |
| Circumference around instep..... | |
| Circumference over heel..... | |
| Circumference above ankle..... | |

Surgical Instrument Manufactory,

71 West Sixth St., Cincinnati, O.

WILLIAM G. SCHMIDT,
Manufacturing Pharmacist

AND WHOLESALE DEALER IN FOREIGN AND DOMESTIC

DRUGS, CHEMICALS, DRUGGISTS' SUNDRIES, &c.

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Dr. L. A. BABCOCK'S SILVER UTERINE SUPPORTER

For the cure of Prolapsus, Retroversion, and Anteversion. Warranted
a Radical Cure. Price to Physicians, \$12.50.



Dr. L. A. Babcock's SILVER UTERINE SUPPORTER, for the cure of Prolapsus, Retroversion and Anteversion. Warranted a radical cure. Price, \$25.00.

would like to see the thing extensively used, for it supplies a want long felt.

QUINCY, ILL.

We would respectfully call the attention of the profession to Dr. L. A. BABCOCK's improvement in Uterine Supporters. These instruments derive their support from an external brace, and are destined to entirely supersede the old-fashioned, uncomfortable and useless pessary. They are easily adjusted, and so comfortable and advantageous to the wearer that patients who have long been confined to their beds or rooms with uterine difficulties express themselves as having "gotten into a new world" upon having a supporter applied. We speak thus positively of these instruments because we have thoroughly tested them.

DRS. CURTIS & McMAHAN

DUBUQUE, IOWA.

DEAR SIR: Yours, with instructions, to hand. I speak as a lecturer on obstetrics and a physician of large experience in the treatment of uterine diseases, when I say that the more I become familiar with your invention the more valuable it appears to me; and I

EDWARD A. GILBERT, M. D.



This Hotel is in every respect new, clean, and bright.

AN ELEGANT READING-ROOM

Between the Ladies' and Gentlemen's Parlors, for the use of the guests, where over **THIRTY OF THE LEADING JOURNALS** of the country are on file. In the parlors and around the rotunda are placed **Choice Paintings** from Rome, Florence, Venice, and Switzerland. These, with the **Bronze Statuary**, **Elegant Mirrors**, and **Beautiful Conservatory** of rare plants and flowers in the rotunda, produce an effect not equaled in any hotel in the country. To the other improvements has been added a

MAGNETIC TELEGRAPH ANNUNCIATOR,

Connected with each room, thus insuring prompt attention to the wants of the guests. Also

TWO ELEVATORS, STEAM AND HYDRAULIC,

Thus combining every possible advantage known to the business.

M. KEAN & CO., Proprietors,
LOUISVILLE, KY.

Gold Rings!

PLAIN solid 18-carat gold Engagement and Wedding Rings furnished to order promptly at from \$3 to \$15 each. In ordering measure the largest joint of the finger you desire fitted with a narrow piece of paper, and send us the paper. We inscribe any name, motto, or date free of charge. Rings sent by mail on receipt of price or by express, with bill to collect on delivery of goods.

We make our rings of solid 18-carat gold and warrant them in every respect. If you wish to know more about them as to price, etc., before ordering send for our new price-list, which will be sent free to any address on application.

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Jewelers, Main Street, bet. 6th and 7th, Louisville, Ky.

Money may be sent safely by Express, Post-office Money Order, or in Registered Letter.

'C. P. Barnes & Bro. can be relied upon implicitly.'
(*Courier-Journal*, Nov. 11, 1874.)

Gold Rings!

63-17

HANBURY SMITH'S MINERAL SPRING WATERS

ESTABLISHED 1855.)

NOTICE.

NEW YORK, MARCH 2, 1870.

Having carefully examined the improved processes adopted in the laboratory of Dr. Hanbury Smith, and analyzed samples of the MINERAL SPRING WATERS which he offers for sale, I am prepared to testify that the Waters are manufactured with the most intelligent and conscientious care, and are every way reliable substitutes for the natural waters. The public estimation in which Dr. Smith's preparations are held is thus amply justified by my investigations and analyses.

CHARLES A. SEELY,

Late Prof. of Chemistry and Toxicology in the New York Medical College,
and of Chemistry and Metallurgy in the New York College of Dentistry.

The attention of the trade is invited to the following facts:
Dr. Smith's waters were the first ever placed in the market on a large scale in the United States.

Their excellence created the demand for such goods, and made the business wholesale. They exactly represent the natural waters, producing identical medicinal effects.

Their indisputable superiority has made them more popular than any other. They are more extensively prescribed in daily practice, and used by physicians themselves, than any other—a spontaneous and emphatic indorsement, certainly not surreptitiously obtained.

They are the only waters sold on draught by Hegeman & Co., Caswell, Hazard & Co., and the other leading druggists of New York and the neighboring cities.

In cases where other waters have been substituted the difference has been immediately detected by the public, and loss of custom has compelled a return to Dr. Smith's.

Materials for manufacture, in solution or as **DRY SALTS**; in both cases reduced to the smallest possible bulk.

Druggists visiting New York are cordially invited to visit the laboratory at 35 Union Square.

HANBURY SMITH & HAZARD,
Union Square, New York.

MAX WOCHER & SON,
MANUFACTURERS OF
Surgical, Dental & Orthopedical Instruments,

Have constantly on hand a full assortment of Amputating, Trephining, Amputating and Trephining Compound, Resection, Obstetric, Eye, Pocket Medicine and Surgical Pocket Cases, Essex, Clark's and Maunder's Spray Instruments, Richardson's Local Anæsthesia Spray Producers, Tangle Tents (Laminaria Digitata) for Dilation of the Uterus, Urethra and Lachrymal Duct, Sponge Tents, Hypodermic and Lachrymal Syringes, Ophthalmoscopes, Laryngoscopes, Thudicum's Nasal Douche for the treatment of Catarrh, Dr. Siegle's improved Inhaling Apparatus, Silk Elastic Abdominal Bandages, Elastic Stockings, Knee-caps, Ankle Pieces, etc., etc.

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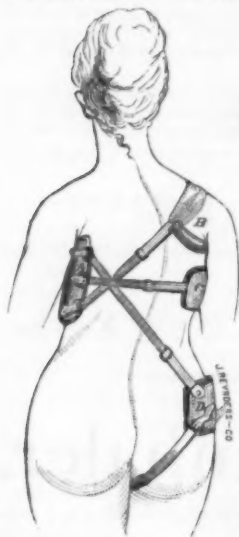
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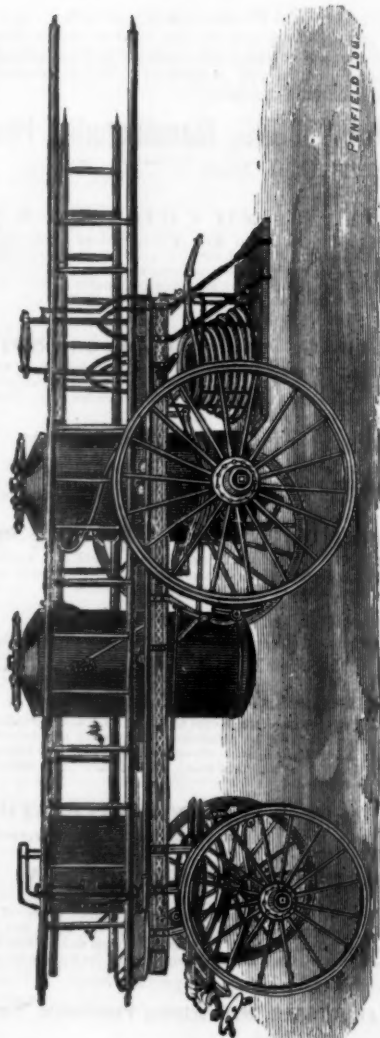
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| On Clinical Diseases of the Chest and Physiology, | BY PROF. E. R. PALMER. |
| On Public Hygiene, | BY PROF. T. S. BELL. |
| On Clinical Diseases of Women, | BY PROF. JOHN E. CROWE. |
| On Clinical Surgery, | BY PROF. D. W. VANDELL. |
| On Materia Medica, | BY PROF. J. W. HOLLAND. |
| On Surgery, | BY PROF. R. O. COWLING. |
| On Practice of Medicine, | BY DR. W. O. ROBERTS. |
| On Anatomy, | BY DR. H. A. COTTELL. |
| On Chemistry, | BY DR. G. H. ANDERSON. |
| On Obstetrics, | BY DR. W. H. LONG. |

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION** and **RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the **MUSEUM, LIBRARY, and APPARATUS** of the University will be used.

Examinations and Clinical Instruction.—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of SS. Mary and Elizabeth. From these sources an inexhaustible supply of clinical material is obtained.

Prof. D. W. VANDELL holds his regular Surgical Clinic twice a week at the University, and from time to time at the SS. Mary and Elizabeth Hospital; Prof. JOHN E. CROWE twice a week at the University upon the Diseases of Women; Prof. L. P. VANDELL, JR., twice a week at the University upon Clinical Medicine; Prof. BODINE twice a week at the University upon Diseases of the Eye and Ear; Prof. PALMER twice a week at the University upon Diseases of the Heart and Lungs; Prof. COWLING twice a week at the City Hospital upon Surgery; and Prof. HOLLAND twice a week at the City Hospital upon Medicine.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the Medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

The Fee for the full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

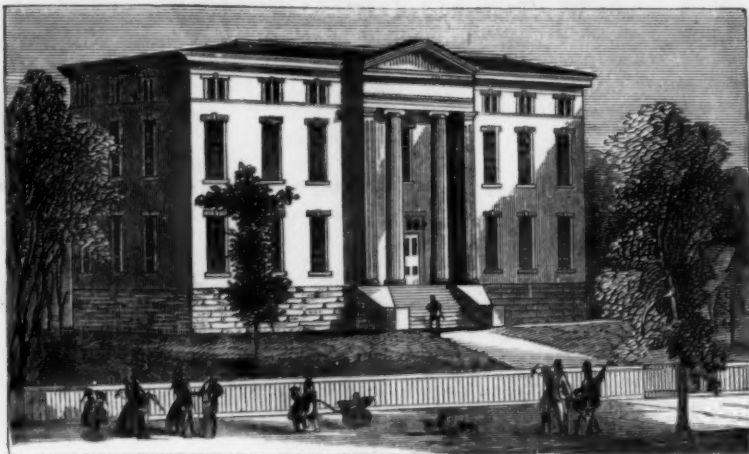
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A Preliminary Course of Lectures, free to all Students, will commence on the second Monday in September, and continue till the opening of the Regular Term.

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For the Annual Circular, containing full particulars, address

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UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

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F. A. GENTH, Prof. of Chemistry and Mineralogy.

LABORATORY OF THE UNIVERSITY OF CHICAGO, February 1, 1875.

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3d. It is less costly; the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th. It meets indications not met by that Salt.

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April 13, 1875.

Gentlemen: I cannot refrain from giving you my testimony regarding CINCHO-QUININE.

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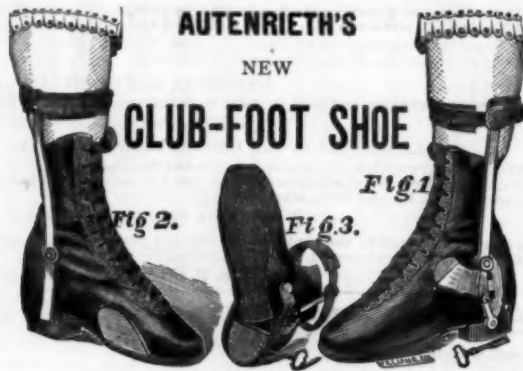


FIG. 1 represents apparatus outside on the left foot, with a movable pad to use more or less pressure over the arch of the metatarsal bones.

FIG. 2 represents apparatus applied with the extension made, and the ball of the big toe resting against the metal plate.

FIG. 3 represents apparatus turned in shape to receive the foot, after which turn the key and reverse back to a bearing shape.

This shoe gives ample facilities to manipulate the foot gradually from the slightest turn to the heaviest lever, and at the same time obviates all former difficulties experienced from straps, either by buckling too tight or too loose. Should extension for tendo-achillis be necessary, if mentioned, the usual rubber cords will be attached.

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| Circumference of calf..... | |
| Circumference of ankle..... | |
| Right or left foot, or both. | |

The other measure for the shoe only may be taken by a shoemaker; as,

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|----------------------------------|--|
| Length of foot..... | |
| Circumference around toes..... | |
| Circumference around instep..... | |
| Circumference over heel..... | |
| Circumference above ankle..... | |

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Demonstrator of Anatomy, H. LENOX HODGE, M.D.; of Surgery, CHAS. T. HUNTER, M.D.; of Practical Chemistry, GEO. M. WARD, M.D.; of Experimental Physiology, ISAAC OTT, M.D.

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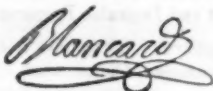
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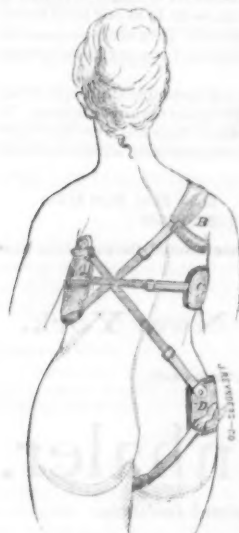
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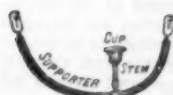
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No. 49—17

UNIVERSITY OF LOUISVILLE

MEDICAL DEPARTMENT.

SPRING AND SUMMER SESSION OF 1875,

The Spring and Summer Session of 1875 in the Medical Department of the University of Louisville will commence on March 8th and continue till July 1st, with the following

CORPS OF INSTRUCTORS.

| | |
|---|-----------------------------|
| On Venereal Diseases and Diseases of the Skin, | BY PROF. L. P. YANDELL, JR. |
| On Ophthalmic and Aural Diseases, | BY PROF. J. M. BODINE. |
| On Clinical Diseases of the Chest and Physiology, | BY PROF. E. R. PALMER. |
| On Public Hygiene, | BY PROF. T. S. BELL. |
| On Clinical Diseases of Women, | BY PROF. JOHN E. CROWE. |
| On Clinical Surgery, | BY PROF. D. W. YANDELL. |
| On Materia Medica, | BY PROF. J. W. HOLLAND. |
| On Surgery, | BY PROF. R. O. COWLING. |
| On Practice of Medicine, | BY DR. W. O. ROBERTS. |
| On Anatomy, | BY DR. H. A. COTTELL. |
| On Chemistry, | BY DR. G. H. ANDERSON. |
| On Obstetrics, | BY DR. W. H. LONG. |

Didactic Lectures will be given upon the Specialties of Medicine and Surgery, but the essential feature of this course will be **CLINICAL INSTRUCTION** and **RECITATIONS** from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

In the illustration of the various courses, the **MUSEUM, LIBRARY, and APPARATUS** of the University will be used.

Examinations and Clinical Instruction.—Daily examinations on all the branches of Medicine will be held by the various members of the Faculty.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of SS. Mary and Elizabeth. From these sources an inexhaustible supply of clinical material is obtained.

Prof. D. W. YANDELL holds his regular Surgical Clinic twice a week at the University, and from time to time at the SS. Mary and Elizabeth Hospital; Prof. JOHN E. CROWE twice a week at the University upon the Diseases of Women; Prof. L. P. YANDELL, JR., twice a week at the University upon Clinical Medicine; Prof. BODINE twice a week at the University upon Diseases of the Eye and Ear; Prof. PALMER twice a week at the University upon Diseases of the Heart and Lungs; Prof. COWLING twice a week at the City Hospital upon Surgery; and Prof. HOLLAND twice a week at the City Hospital on Medicine.

Advanced Students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates, which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

It will be seen that the entire Faculty of the Medical Department of the University, together with a valuable corps of assistants, are engaged in the Spring Course, and they pledge their best labors to insure its success.

The Fee for the full Course is \$25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session.

For further information address

W. O. ROBERTS, M. D.

Dean of University Summer School,

No. 204 Third Street. LOUISVILLE.

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T. S. BELL, M. D. Prof. Science and Prac. of Med. and Public Hygiene.
JOHN E. CROWE, M. D. Prof. of Obstetrics and Dis. of Women and Children.
J. W. HOLLAND, M. D. Professor of Materia Medica and Medical Chemistry.
D. W. VANDELL, M. D. { Prof. of the Science and Art of Surgery and Clinical
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| Demonstrators' Ticket..... | 10 00 | Graduation Fee..... | 30 00 |
| Hospital Ticket (required by City), | | \$5 00 | |

The Regular Session will commence on the first Monday in October, and continue until the 1st of March.

A Preliminary Course of Lectures, free to all Students, will commence on the second Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of Faculty.

For the Annual Circular, containing full particulars, address

E. R. PALMER, M. D., Sec'y of Faculty,

495½ West Walnut Street.

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